# THE NATIONAL BIBLIOGRAPHY OF THE EGYPTIAN MEDICINE

Collective Index of
150 Periodicals

## Part 3: Cardiology

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## ... THIS PART OF THE BIBLIOGRAPHY!!

It is our great honour to publish this part of the **National Bibliography of the Egyptian Medicine** which proved to be very important for public health & medical education foundations, as well as for researchers and scientific research authorities.

The effort done in this work has been going on very steadily since the begining of 1986. The previous experience and background in editing & publishing enable us to put a dynamic plan for such national work with the possibility of renewing, adding, omitting, rearangement of such data.

The hope of establishing **a regional data base of medicine** was not so far from our thinking. Our motivation was the great need for such work. It seems quite unfair to our people to be aware of the recent international research through the medicus index, while they are ignorant of the current research done in our very own country and even city. This led to unneccessary repetition of research papers, with waste of effort, time & money as well as lack of utilization of previous data. There have been too many examples for such waste.

**The spiritr of cooperation offered by the deans of Egyptian medical schools, editors and subeditors of the Egyptian medical journals** was the main milestone which enabled us to achieve such work. We would like to thank all of them with special appreciation to **Professor Mohamed Abdel Latif,** President of Zagazig University.



**Dr. Mohamed El Gawady** (M.Sc.)
Managing Editor of the New Egyptian Journal of Medicine.



**Professor. Mohamed Sakr** (FRCS)
Professor of Surgery
&President of Military Medical Academy.

1
**T: Pharmacological and Clinical Evaluation of Clonidine Effect on Blood Pressure and Its interaction with Some Antidepressants.**
A: Omiama, M. Hassan, Ahmed, H. Helal; Samia, H. Dawod; Ragaa, H. Abaza; Mohamed, M. El Sayed.
S: AFMJ
D: 2/85
K: Blood Pressure, Clonidine Effect, Drug Interactions.
A: The pressor phase was antagonised by phenoxybenzamine, while both phases were blocked by piperoxan and amitriptyline. Clonidine caused only a rise of blood pressure in spinal cat alpha presynaptic receptors (the hypotension was blocked by piperoxan). On Cat's nictitating membrane it activated post synaptic alpha, adrenoceptors. E.C.G. showed a signficant decrease in heart rate only.

2
**T: Intracoronary Versus Inravenous Adminstration of Thrombolytic Therapy in Acute Myocardial Infarction**
A: M. El Gawady, M.L. Shahwan, M.A. Moustafa
S: ZUMJ
D: 3/1985
K: Acute Myocardial Infarction, Management.
A: Although intracoronary therapy appears to be more effective for inducing pefusion, intravenous therapy has the potential for greater clinical impact, since it can be instituted more rapidly after the onset of symptoms and does not requires specialized catheteization facilities. (Marder et al, 1984).

3
**T: Electrocardiographic and Electrolyte Changes before and after Calcium Antagonist in Dogs.**
A: Y. A. Habib, Salwa M. Rakha, Hayate El Sayed
S:BAFM
D: 3/85
A: This study deals with determination of the effects of administration of vasopressin and Ca antagonist (Nifedipine). The signs of coronary insufficiency and concomittant myocardial ischemia after vasopressin were quiet evident electrocardiographically. Nifedipine corrects ECG changes and causes significant decrease in arterial blood pressure and insignificant changes in serum and tissue electolytes. These results were discussed.

4
**T: Verapamil in Supraventricular Tachyarrhythmia**
A: S. Mokhtar, S. Hashem, Z. El Ramly,
S:MJCU
D:3/85
A: Verapamil, a slow calcium-channel blocker has been tried in 24 cardiav patients with a variety of SV tachyarrhythmias, who were admitted to an acute care unit attached to the cardiology department of Cairo University Hospitals. Ten mg, verapamil were given slowly i.v. with continuous ECG recording.

5

**T: Captopril in Hypertensive Dialysis Patients**

A: Adel M. Afify, Wahid El Said, Mohamed Mansour, Badawy Labib

S: AMC

D: 3/85

K: Hypertension,

A: The Angiotensin converting enzyme inhibitor "Captopril" was given to ten patients with end stage renal filure and having dialysis resistant hypertension. The dose ranged from 75 to 250 mg/day. Mean systolic and diastolic blood pressures before treatment were 203.3 mm.hg. and 118.3 mm.Hg respectively. Mean systlic and diastolic blood pressures after 12 weeks of treatment were 142.8 mm.hg. and 89.4 mm.Hg respectively.

Plasma renin activity incrased afte treatment. The higher the plasma renin activity before treatment, the greater was the reduction in blood pressure in response to the first dose. Serum pottasium increased significantly with the treatment. Eosinophilia occured in 70% of cases. Neutropenia was not recorded. Skin rash and pruritus occurd in 40% of cases. Nausea was almost found in all patients but usually subsided within three weeks.

6

**T: The effect of Oxaminquine Therapy on the Electorcardiogram and Echo Cardiogram in Patients of Active Hepatosplenic Bilharziasis with and without Bilharzial Cor-pulmonale.**

A: Amer, Z.M.; El-Demerdash, F.M.; El-Sherief, M.Z.; Abou Bakr, H. and Abou El-Magd, M.

S: MMB

D: 4/85

A: The aim of the present work is to disclose the side effects of oxaminiquine particularly its cardiotoxicity in patients where hepatosplenic involvement and active intestinal bilharziasis is associated with an aetiologically related cardiac disorder as bilharzial cor-pulmonale.

7

**T: Diuretic Therapy in Hypertension, and its Effect on Lipoprotein Pattern**

A:Sheir, Z.M.; El-Sayed, S.S.; Awad, M.A.; Abou El-Einin, N.R.; and El-Shinnawy, H.A.

S: MMB

D: 4/85

K: Hypertension.

A: Manay drugs are used for treating hypertensive patients. Diuretics are very important for controlling artorial hypertension and used either alone or in combination with other hypotensive drugs.

8

**T: Blood Fibrinolytic Activity in Active Rheumatic Fever.**

A: N.H. El-Fadal, M.M. El Bedwei, A.F. Khalifa M.A. Hagras A.K. Shaltout and Wasfi

S: JEMA

D:4/85

A: This study was udertaken to throw some light on the role of the fibrinolytic mecahnism in patients with rheumatic activity with special emphasis in those with epistaxis.

9
**T: The Relation Between the Blood Sugar Level and the Incidence of Arrhythmias in Acute Myocardial infarction.**
A: Amira, I. Guirius, M. Moheb and S.R.Sedhom
S:JEMA
D: 4.85
K: Infarction, Arrythmias, Blood Suger.
A:The frequency and percentage of occurrence of individual types are presented in Table (2), and if two or more types of arrhythmia occurred in the same patient at the same or different times, they were all countd. Ventricular ectopic beats occurring at a rate of more than 5 minute were considered and followed

10
**T: Chronic Rheumatic Valvular Diseases in Kaliobia Central Hospitals.**
A: Akil Hifny,, Adel El-Sheikh, Ikram El-Asioty, Mohamd Mostafa and Abd El Sahfi Tabl.
S: BMJ
D: 5/85
K: Rheumatic valvular Diseases.
A: The attendants of the internal medicine outpatient clinics of 7 central hospitals in Kaliobia Govenorate wer subjected to clinical examiantion to find out rheumatic heart disease (R.H.D.) cases. Suspicious cases were subjected to laboratory investigations, X-ray chest and heart and E.C.G. to confirm the diagnosis.

11
**T: Serum Oestrogen and Testorterone in Men with Acute Myocardial Infaction.**
A: Aydaa Wasfy, Mohsen Rashad, Adel Maarouf and Nagib El-Ebrashi
S: M.J.C.U
D: 6/85
A: 34 persons were the subject of the present study. Ten, age matched, normal controls and 24 patients with acute myocardial infarction during the 1 st 4 days. Cases witha cute myocardial inarctin showed signficantly elevated palsma oestrogen which was maintained for 2 weeks if compared to normal control. Aslo there was insignificant change in plasma testosteone in these patients. The mechnism of elevation of oestrogen may be an increase in its production due to enhanced aromatization of testosterone to oestradiol, which may be due to heightened levels of norpinephrine during acute myocardial infarction. Also oestrogens may increse the synthesis of adrenergic neurotransmitters, inhibit the enzymatic degradation of neurotransmitters and potentiate the synaptic activity of adrenergic neurotransmitters. oestrogen is relatd to coronary occlusion by: (1) clotting (2) spasm of coronary artery. So oestrogen may be an important risk factor in coronary heart disease.

12
**T: Zinc in Blood; A Study on Physilogical Variations and on Pathological Changes in Essential Hypertension and Ischemic Heart Disease**
A: M.A.H. Mansour, A.G.E. Abdel Aal; and F. Khalifa.
S: AJL
D: 7/85
A: The effect of essential hypertension and ischemic heart disease on blood zinc was studied as well as physiological variations that may be correlated with susceptibnility to these dis-

case. Physiologically, the serum zinc level was found to be relatively higher in older age, in the obese females, and amongst Ghardaka residents. Pathologically, a significant lowering of serum zinc level was found in essential hypertension and myocardial infarction. In infarction, the erythrocytic zinc level showed relative increase. The findings suggest a relation of blood zinc change to the pathogenesis of these disese. From the medicolegal point of view, low serum zinc, may be used as an evidence of hypertension and muocardial infarction in cases of suden death; as well as the high erythroctic zinc level in infarction.

13
**T: Treatment of Non Albuminuric Hypertension on Late Pregnancy**
A: M. Abdel-Razik, K. Fahmy , A. El Gazar, Ml Khairy and M. Abdel Hadi.
S: BMJ
D: 9/85
K: Albuminuric Hypertension.
A: Three groups of patients, each made of twenty, with non albuminuric hypertension in the last trimester of pregnancy were treated for four weeks. The first group received 30 mg. of phenobarbitione t.d.s. The second group recieved 30 mg. of phenobarbitone t.d.s. + 20 mg. propranolol (inderal) t.d.s., while the trhird group recieved 30 mg. of phenobarbitone t.d.s. + 250 mg. methyl dopa (aldomet) t.d.s. All patients were ambulatory, performing normal activity.

14
**T: Hyperkinetic Heart Syndrome: A non Invasive Study**
A: S. Kandil and H. Foda
S: B.A.F.M.
D: 9/85
A: The cardiac function was studied in ten patients with hyperkinetic heart syndrome (HHS) compared with 12 patients with ischaemic heart disease (IHD) and ten control normal subjects. Techniques of minimal cardiac transit times (MTT) and systolic time interval (STI) were used. patients with (HHS) though having similar complaints to patients with (IHD), yet they have significantly shroter MTT and higher ejection fraction (EF) and shroter isovolumic contraction period (IVCP) indicating better cardiac peformance. Compared with normal, patients with (HHS) have significantly shorter left ventricular (LV) MTT, higher (LVEF) and lower (IVCP) indicating normal or even better cardiac performance for the time being.

15
**T: The prevalence of Ischemic Heart Disease in Asymptomatic Patients with left anterior hemiblock.**
A: M. Rashad, T. El-Labboudy, M. El-Sherbini and O. Awwad.
S:BMJ
D: 9/85
K: Ischemic Heart Disease
A: In this work, ECG analysis of 2000 cases admitted to Ain-Shams Univesity hospital during 6 months in 1984 was done.

16
**T:Haemodynamic effect of arrhythmias which occur during cardiac catheteization.**
A: A. Ahmed, M.A. Taher, M.R. Baddar, A.R. Beshay and Hassan E Atia.

S: BMJ
D: 9/85
K: Haemodynamic Effect of Arrhythmias.
A: One hundred pressure tracings of catheterized patients who had diffrent arhythmias during the procedure were analysed and the following parameters were measrued: the heart rate, the coupling interval, the systolic and diastolic periods and the systolic and diastlic pressures of both ventricles.

17
**T:An Attempt to understand the Pathogensis of Anaemia in Rheumatic Fever.**
A: A.M. Eissa, Z. El Ramly, M.A. Saad, K.A. Mahfouz, M. Abdel Sattar, A. El Sayed and S. Hyssein.
S: GEPA
D: 9/85
K: Rheumatic Fever, Anaemia.
A: In the causation of anemia in active Rheumatic carditis. 60 patients were investigated together with 13 healthy children 5-15 years old. Anaemia was of the normocytic and slightly hypochromic type with almost normal bone marrow.

18
**T: Incidence of pulmonary complications and factors affecting postoperative course after valve surgery.**
A: S.S. Azmy, M.A. Ghattas, and F.G. Estafanous
S: BAFM
D: 9/85
K: Pulmonary complications, valve surgery
A: This study was designed to evaluate the incidence of pulmonary complications and risk factors in 202 patients undergoing valve replacement surgery. Also to evaluate the importance of preopreratíve screening spirometry and its correlation to postoperative pulmonary complications. patients were classified into 2 groups: With normal and abnormal preoperative pulmonary functins. Spirometry blood gas profile and roentgenogram were done pre and postoperatively. Also recording of incidence of pulmonary compleiations and duration of stay in ICU. It was found that postoperative pulmonary complications were equally frequent in patients with normal and abnormal pulmonary function tests.

19
**T: Prazosin versus Digitals in Chronic Left Heart Failure**
A: S. Kandil and M. Naim
S: JMRI
D: 10/85
A: It is suggested that prazosin can replace digitalis for at least a period of 15 days without any evident side effect or tolerance. Vigitalis improved the cardiac peformance by making the heart work better while prazosin improved it by making its work easier.

20
**T: Left ventricular function in Type-II Diabetics Following the First Acute Myocardial Infarction: a Radionuclide assessment.**
A: E.M. Amin, M.K. Karimeddini, I.A. Ibrahin, N.A. Hussein, M.A. Antar, and M.O. El-Haieg
S: PASCZ

D: 11/85
A: To assess left ventricular peformance in diabetic patients following their first clinical acute myocardial infarction (AMI), resting gated cardiac blood pool studies with technetium - 99m were performed in matched groups of 18 type-II dibatics and 20 nondiabetics within two weeks of the onset of the first clinical AMI. Twenty nondiabetic noncardiac cases were also examined as controls.

2 1
T: **Study of the Effects of Some physical and Pharmacological Stresses on Systolic Time Intervals in Hypertension Versus Myocardial Infarction.**
A: M.T. Hassanein, A.A. Aly, M.E.G. Kamar, M. Gomaa. M.L. Shahawan, M.Z. El-Ramly, M.A. Semary and M.K. Shalabi.
S: ZUMJ
D: 12/85
K: Systolic time intervals, Hypertension, Myocardial Infarction.
A: Systolic type intervals (STLs) at rest and after successive mild exercise, propranolol (3 mgiv) and atropine (1mgiv) were studied in normal subjects (n = 17), hypertensive (n = 17) and myocardial infarction (n = 15) patients to assess their myocardial perfomrance under these different stresses. Simultaneous recording of ECG, phonocardiogram and carotid arterial pulse were done, and various STIs were obtained.

Resting STIs were similar in all groups except for signficant increase of PEP.LE/VET (pre ejection period / left ventricular ejection time) in the infarction group indicating a reduced muocardial performance. Isovolumic contraction time (IVCT) shortened significantly after exrcise in hypertensive patients indicating an enhanced ventricular performance.

2 2
T: **Exercise testing early after myocardial infarction**
A: Ibtihag Hamdi, Bahaa Mourice and W. Ayad
S: BAFM
D: 12/85
K: Exercise testing, myocardial infarction
A: Exercise testing early after myocardial inafrction (MI) may fortell the future prognosis and effor tolerance. Twelve male patients (pt) with uncomplicated MI two weeks after the acute attack were subjected to ergometer stres testing.Five pts reached the submaximal heart rate (HR), and 7 pts stopped the test before the submaximal HR because of various symptoms (leg fatigue, dyspnea). No complications apprared.Conclusions: 1) A submaximal stress testing using the bicycle ergometer proved to be a safe nininvasive technique even when performed early afte uncomplicated MI. 2) None of our pts got serious arrhythmias, hypotention or other complications.

2 3
T: **Effects of Exercise on the Blood Pressure of Hypertensive Levels.**
A: T. Badawi
S:BAF M
D: 12/85
K: Hypertensive patients, effect of exercise.
A: This work was aming at studying the effect of physical stress on the blood pressure of controlled hypertensive patients. The study included 30 patients divided into two equal groups according to the antihypertensive drug used. Exercise stress test was done to all the

patients. It was observed that, the diastolic blood pressure rose significantly during the test. it was concluded that, resting blood pressure is not an adequate reading in controlling hypertension.

24

**T: Effects of some anaesthetic agents on cardiac performance using Invasive Techniques.**

A: A. Zakaria, E. Siam

S: BAFM

D: 12/85

A: This study aimed at assessing and comparing the effect of some anesthetics on cardiac performance. It included 30 patients submitted to surgery and divided into (2) groups; the first took thiopentone and halthane and the second diazepam and enflurane. The assessment was done by measuring the blood pressure, cardiac output, left ventricular work, stroke index, mechanical efficiency, cental venous pressure, $PaO_2$, $PaCO_2$ and PH.

From this study, it was concluded that diazepam and enflunrane produce less depressant effect on the heart through producing more drop of blood pressure.

25

**T: Thoracic Outlet Syndrome (TOS): Clinical and Angiographic Findings.**

A: M. Luther

S: BAFM

D: 12/85

A: The definition, aetiology and pathogenesis outlet syndrome (TOS) are reviewed with stress on the intrinsic autochthonic vascular processes and the extrinsi extravascular lesions. The clinic clinical manifestations are discussed in accordance with the radiologic findings using plan X-ray, ultrasound doppler, angiography and provocation tests. Four cases with TOS are reported with angiographic documentation. They presented respective lesions namely, embolic occlusion subtotal occlusion of the subclavian vein, circumscrip anenrysm of the subclavian artery, and pectoralis minor sundrome.

26

**T: Effect of Age on Systolic Time Intervals**

A: M.N. Atta, E. Hamdi

S: BAFM

D: 12/85

K: Systolic Time Intervals, Effect of Age.

A: Ninety healthy male subjects were chosen to represent different age groups namely, young, adult and elderly groups. They were selected to be free from any cardiopulmonary disease. Systolic time intervals by carotid pulse tracing were perfomed to all the subjects. Results showed insignificant prolongation of the systolic time intevals as age progresses.

27

**T: Dose Effect and Dose-Reponse Rlationships of Cardio-vascular Manifestations in Lead Workers.**

A: N.B.A. Badawy, A.H. Abd El Karim, H.A. El-Sawaf, A.M. El Mishad, S.A. Farag.

S:JEMA

D: 12/85

K: Lead pois., Cardio-vascular manifestations.

A: Lead has been a well known metal toxin for many years. It is still much used industrially and although mortality and morbidity from suicidal lead poisoning still occur. Numer-

ous authors described cases of hypertension and/or cardio vascular diseases in lead workers with an inrcrease in blood lead level and plasma chloesterol.

28

**T: Cardiac Dysrhythmia after Open Heart Surgery.**

**A**: Mohsen Rashad, Mohamed Shoaib MB BcH, Ali Ramzy and Mahmoud El -Sherbini.

**S**: BMJ

**D**: 1/86

**K**: Dysrhythmia, open heart surgery complications.

**A**: We studied the incidence of early postoperative dysrhythmias after open heart surgery in 61 consecutive patients operated upon at the department of cardiology and cardiac surgery in Ain-Shams University Hospital, over 4 months time.

29

**T: Comparative Radilogical Measurements of the Heart After Haemodialysis in Patients with Chronic Renal Failure.**

**A**: El Demerdash, F.M.; El-Sawy, S.; Abou-Bakr, H.; El-Sherif ; Amer, Z.M.; and Mansour, S.

**S**: ZUMJ

**D**: 1/86

**K**: Radiological Measurements of the Heart, Haemodialysis, Chronic renal failure

**A**: The prsent study comprised 20 cases with C.R.F., 15 males and 5 females, selected from in-patients at Mansoura Unversity Hospital.

30

**T: Red Cell Cation Flux: A Promising Method in Differentiating Primary from Secondary Hypertension**

**A**: El-Said Abou Gamra, Sabry Gohar, Sawsan Hosny, Laila Abou El Magd, Wahiba A. Kamel, Nadia Badrawy, Badrawy L. Mahmoud and Anwar Abdel Mohsen

**S**: AFMJ

**D**: 2/86

**K**: Hypertension, Diagnosis.

**A**: A trial was done to distinguish between essential and secondary hypertension by application of the erythrocyte cation flux technique, the red cells were loaded with lithium for measurcing the lithium efflux in 21 normotensive control persons compared to 14 patients with essential hypertension and 9 patients with secondary hypertension. No significant difference was found between patients with secondary hypertension and normal persons while in those with essential hypertension the efflux was two folds greater than that of normal controls. This test may be helpful to distinguish between essential and secondary hypertension.

31

**T: Effect of a Calcium Channel Blocker (Nifedipine), A Beta Blocker (Oxperenolol) and their Combination on the Cardiovascular System.**

**A**: Nadia El-Banna, Azza El-Medany and Awatif Hilal.

**S**: BAFM

**D**: 3/86

**K**: Nifedipine, oxprenolol, effects on CVS.

**A**: Twenty four adult male dogs were used for the determination of the effects of nifedipine, oxprenolol and their combnination on arterial blood pressure (BP), electrocardiographic changes (ECG), serum lipids (free fatty acids (FFA), triglycerides, total cholesterol) and

fasting blodd glucose levels. Nigedpine produced significant decrease in BP, total cholesterol and significant incrase in heart rate (HR) with inverted T wave, FFA, triglycerides and fasting blood glucose levels. Administration of oxprenolol alone produced signficant decrease in BP, HR with biphasic T wave, serum FFA, triglycerides, total cholesterol and fasting blood glucose levels.

3 2

**T: Guanfacine and Hypertension effect on Blood Pressure, Electrocardiographic Changes, Heart Rate and Some Biochemical Values.**

A: Salwa M. Rakha, Sobhi Al-Kafai, Hayate El Sayaad, Zeinab Shalouh and F. Yaseen

S: BAFM

D: 3/86

K: Guanfacine, ECG change.

A: This study was carried out on 18 dogs, using a new antihypertensive agent, Guanfacine. Experimental hypertension was perfomed by constriction of renal arterial blood supply and compression of the kidney. Guanfacine was injected as acute intravenous single dose (0.02 mg/kg body weight) alone and combined with diuretic (Furosemide) or B-blocker (Pindolol). No significant changes in serum electrolytes, glucose, FFA were reported with Guanfacine alone or combined with diuretic.

While combination with (Pindolol) resulted in significant decrease in serum glucose and FFA. Significant decrease in arterial blood pressrue with brady-cardia was observed after Guanfacine alone and not changed when combined with diuretic. Significant reduction in arterial blood pressure and heart rate was noted after combination with B-blocker.

3 3

**T: Evidence of A Hypercoagulable State in Benign Essential Hypertension.**

A: M. Ragab, S. Kandil, L. Ziada, S. Fahmy and H.Foda

S: BAFM

D: 3/86

K: Hypercoagulable state, essential hypertension

A: Blood coagulation and fibrinolytic activity were studied in 50 patients with non complicated essential hypertension and 15 healthy subjects. Hypercoagulability in the form of significantly increased prthrombin activity, enhanced partial thromoboplastin time and increased plasma fibrinogen was depicted in the hypertensive patients.

Decreased fibrinolytic activity as evidenced by significantly prolonged euglobulin clotlysis time was also demonstrated. Moreover, there were increased circulating platelet aggregates.

3 4

**T: Effect of Caclium Channel Blocking Agents of Hypertensive Diabetic patients.**

A: Aly A. Abbässy, Shoheir S. Kamel, Samia M. Sharf and Aida S. Omar.

S: BAFM

D: 3/86

K: Hypertensive and Diabetic Patients

A: Twenty non insulin dependent hypertensive diabetic patientes were treated for 4 weeks with $Ca^{++}$ cannel blocking agents for their hypertension. They were divided into two groups each included ten patients of matched age and sex. The first group received verapamil in oral dose of 240 mg in 3 divided doses, and the second group received Nifedipine in oral dose of 80 mg divided also into 3 doses.

Our results showed that Oral Verapamil and Nifedipine produced significant reduction in both supine and upright hrart rate and blood pressure. Serum creatinine was reduced after treatment in both groups. Abnormal fasting and postprandial blood glucose level were significantly reduced after treatment with oral hypoglycaemics in association with Ca channel blocking agents. Serum lipoproteins and total serum cholesterol did not show any statistical difference after treatment with both drugs.

35

**T: Cardiovascular Effects of Glucagon in Dogs.**

A: Y. Aziz, H. El-Banna, L. Kira, Nadia El-Banna,

S: BAFM

D: 3/86

K:Cardiovascular Effcts of Glucagon

A: This study aims to demonstrate the therapeutic efficiency of glucagon in normal hrart, arrhythmic heart induced by a toxic dose of digitalis and myocardial insufficiency induced by vasopressin. 90 dogs were used, divided into three groups the first group serves as a control and the other two as test groups.

Mean arterial blood pressur, heart rate and ECG changes were estiamted in all the groups. The results were discussed and explained and it can be concluded that glucagon can be used as an effective agent in the treatment of myocardial ischaemia and as an antiarrhythmic drug.

36

**T: Post-cardioversion tachyarrhythmias.**

A: M.Wafaie, S. Mokhtar, L. Shahwan, M. Yacout, and M. Shahwan

S: MJCU

D: 3/86

K:Arrhythmias, Cardioversion.

A: In this work, 241 attempts of cardioversion were performed on 200 patients with varied diagnoses. Arrhythmias managed included established AF (196 attempts).

37

**T: The Educational needs of abdominal surgery of cancer and heart patients.**

A: Ahlam A. Mansour, Soheir M.L. Weheida

S: BAFM

D: 3/86

A: Two hundred patients (fifty abdominal surgery, a hundred cancer, and fifty heart) were inteviewed as to their perceived educational needs. The results of the study show that patients want information; they want it written and prefer to get it from physicians. The results, moreover, show that almost half of the patients do not want to participate in treatment decisions. The most important educational needs for the whole sample were those of "diagnosis", discharge plans" and "medication".

There were, however, significant differences between the three groups under study. Heart and abdominal surgery paients rated the items as being more important than did the cancer patients. Furthermore each group perceived its most important educational needs quite differently. Diagnosis seem to have an effect on an individuals perception of his/her cognitive needs.

38

**T: Dermatoangiopathic changes in Diabetics and non Diabetics with Ischaemic Heart Disese**

A: A. El-Shaidh, A.A. Hifny, G. Nada, I.M. El-Assiouty, A.SH. Tabl and M.Y. Gamal.

S:JEMA

D: 4/86

K: Ishcaemic Heart Disese, Diabetics

A:The goal of this thesis was dual. The first aim was a trial to study the incidence of microangiopathy in cutaneous capillaries of patients with ischaemic heart diseases. The second was confirmation of the intimate relationship between diabetes meillitus and small blood vessels.

39

**T: The coronary angiogram in patients with left anterior hemiblock presenting with chest pain.**

A: A.A. Hifny, A.SH. Tabl, A. El-Sheikh, M.Y. Gamal and I. El-Assiouty.

S: JEMA

D:4/86

K: Chest pain, Coronary angiography.

A: The aim of this work is to find out if the former condition represents an early electrocardiographic feature of ischaemic heart disease.

It was found that, 10 patients showed pathological left axis deviation.

40

**T: Erogometer Exercise Tolerance Test in Hypertensive Farmers.**

A: A. Hifny, A.SH. Tabl, A. El-Seikh, I. El-Assiouty & M.Y. Gamal

S: JEMA

D: 4/86

K: Hypertension, ergometer exercise tolerance test.

A: The results lead us to a conclusion that, ergometer exercise tolerance test is a very helpful non invasive procedure for evaluation of the hypertensive patients. Hypertension, which is an important cardiac risk factor, limiting the exercise tolerance of the hypertensive farmers, affecting their working capacity and limiting their productivity which may be looked for carefully as regards the social and the economic purposes.

41

**T: Chest Pain**

A: Nabil I. Ebeid;

S: JMMA

D: 5/86

A: Chest pain is among the commonest problems that lead to hospital admission and to attendance at outpatient clinics. No single clinical entity is responsible for more than chest pain. Though the causes of chest pain range from the innocuous to the catastrophic, it is natural enough phenomenon that patients should seize on possible cardiac causes in their concern about their chest discomfort. n fact, the possibility of a cardiac source of the pain is the physicians greatest worry, when analyzing pain in the chest has to be considered.

42

**T: Urinary Cathecholamines and Serum Free Fatty Acids in Acute Myocardial Infacrction.**

A: Mahmoud A. Zahran; A. Abou Zeina; Ahmed A. El-Ashwah; A. Nagdi Abel Aal; Sa-

mia A. Sharaf and Laila Abdel Nomeim.
S:JMMA
D: 6/86
A: Urinary total catecholamine, adrenaline, noradrenaline and (VMA) as well as serum free fatty acid were estimated in 21 patients of acute myocardial infarction (AMI) and ten normal control. Uncomplicated group of (AMI) showed significant rise in all the studied biochemical parameters except urinary total catecholamine as compared to control group. Groups of (AMI) with bradyarrhythmia as well as with heart failure showed significant rise of all parameters except urinary (VMA) in comparison to healthy group and uncomplicated group of (AMI)

43
**T: Study of Pericardial fluid in Rheumatic Heart Patients.**
A: Mahmoud A. Zahran; Ahmed El Ashwah; Samia A. Sharaf; L.A. Abdel Hamid; Mohamed M. Acha; and M.N. Desouky.
S: JMMA
D: 6/86
A: The present study includes changes in pericardial fluid in congestive heart failure due to rheumatic heart disease. Fifteen patients of both sexes aged (20-35 ys) with clinically inactive rheumatic heart disease were chosen. Investigations were done on the sera of these patients compared with that of control, also a comparison was done between sera of patients and their pericardial fluid.

44
**T: The effect of Atrial Distension on Urine Flow, Heart Rate & Arterial Blood Pressure**
A: H. Hamdy, Youssef Abdel Rahman, B, Sallam, N. Younan, M.A. Marzouk, Hossam A. Mowafy, and Hoda Y. Henein.
S: MJCU
D: 6/86
A: The present experiments were carried out on anaesthetised dogs to demonstrate the effects of atrial ditension on urine flow, heart rate and arterial blood pressure. Distension of the left atrium produced a significant icrease in urine volume and heart rate which was abolished by vagotomy. This was accompanied by a significant drop in A.B.P. which was not affected by vagotomy. Distension of the right atrium on the other hand produced a significant changes in urine volume or A.B.P. However, a significant increase in heart rate was noticed, which was abolished by vagotomy. It was concluded that the major role of right atrial receptors is to accelerate the heart. On the other hand, the role of the left atrial receptors is more for the adjustment of blood volume.

45
**T: Relationship between serum estrdiol and coronary heart disease in men**
A: El-Sheikh, EB.; Sader, E. Hagras, M. and Wafy, A.
S: TMJ
D: 6/86
K: Coronary heart disese; serum estradiol.
A: Serum estradiol level was assessed in 50 men. Included were: 20 patients with acute myocardial infarction (10 were diabetic and 10 without evidence of diabetes mellitus); 10 patients with angina; 10 men with cardiac neurosis and 10 healthy control subjects. Ages ranged from 35 to 60 years.

4 6

**T: The role of autonomic nervous system in exercise bradycaria in rats**
A: Al-Kafafy; S.A. Zenat K. Salman
S: TMJ
D: 6/86
K: Autonomic nervous system; bradycardia rats.
A: It has been a commonly held belief that the relative bradycardia found in athletes and in chronically exercised animals is due to an excessive vegal tone, although the experimental evidence for this is both indirect and unconvincing. Daily swimming of 1.5 hours up to a total of 45 hours produced bradycardia. The contribution of sympathetic and parasympa.

4 7

**T: Dyspnea as preceived by patients.**
A: N. Taha M., D. Shoheir & Gindi
S: BAFM
D: 6/86
A: Dyspnea is a sensory experience that is perceived, interpreted, and rated solely by the patient himself . Because dyspnea is a subjective interpretation that does not necessarily reflected the degree of physiologic alteration, the lack of correlation between the subjective feelling and objectiv emeasurements can vary from complaints of severe breathlessness to denial of breathlessness. This study is designed to explore the personal and social meaning of dyspnea among adults who are experiencing this symptom as a result of pulmonary diseases. The majority of patients describe dyspnea as not getting enough air, suffocating, a feeling of tightness and constriction and coughing as a prodromal indicator. Dyspnea constitutes a great problem to patients affected as it curtails activities of daily living and by the fatigue which accompanies it.

4 8

**T:Electrophysiology study in patients with supraventricular tachyarrhythmia**
A: M. El Ashry.
S: JMMA
D: 6/86
A:The aim of this study was to look for the electrophysiologic parameters in patients with paroxysmal S.V.T. primary and with rheumatic disease and to determine the effect of verapamil on such parameters. This study included 30 patients divided into three groups; rheumatic without and rheumatic with S.V.T. and non rheumatic with S.V.T.

The measurements included conduction intervals, refractory periods of the atria and sinus node function. The results showed that all the measurements were within normal and that verapamil prolonged the A.V node conduction time.

4 9

**T: Effect of Verapamil, Nifeipine and Indapamide on isoprenaline induced myocardial damage in rats.**
A: N. B. Mahmood; S.M. Ammar aand Gaber Abde El-Sabour.
S: E.J. Path.
D: 6/86
A: In this study twenty albino rats, adults weighning between 100-200 g. were divided into five groups. They were injected once on the first day and examined on the third day.

50

**T: Body constitution associated with different rheumatic valvular lesions**

A: A. Hamdi, I., Tawfic, A. Abou-Zeina, A. Abdel-Fattah and T. Badawy.

S: JMMA

D: 6/86

K: Rheumatic vavular lesions

A:This work was planned to study different cases of chronic acquired rheumatic valvular disease in trial to see if there is any tendency in some valvular affection to be accompanied by a special body constitution. The study comprised 70 cases (35 having isolated mitral lesion, 25 having mitral and aortic valve lesions and 10 with isolated aortic valve lesion).

51

**T: Study of effects of some epidemiologic and meterologic factor on coronary artery disease, in Zagazig, Egypt.**

A: Aly, A.A. Hassanein, M.T.; Hassan, T.M.; Saleh, A. Ibrahin, S.M. and Shahwan M.L.

S: ZUMJ

D: 6/86

K: Coronary artery disease, Epidemology.

A: In trial to find out the effects of some epidemiologic meterolgic factors on the clinical incidence of coronary artery disease (CAD), 1450 cases of CAD presented from Jan., 1980, to Dec., 1983 in Zagazig City were studied. Patients files were reviewed for age, sex, occupation, rsidence, presence of one or more coronary risk factors and exact time to heart attack. Meterologic changes in temperature, relative humidity, rain falls, wind velocity and type for this period were obtained from the local weather .

52

**T: Pulmonary function study in left heart failure due to rheumatic and coronary heart disease**

A: L. Kira, Nadia Nofal, Azza Foad A. Hashish and M. Biomy.

S: BAFM

D: 6/86

K: Pulmonary function, Heart failure, rheumatic, Heart Disease.

A: This study was conducted on 30 patients with clinically evident chronic left heart failure divided into two groups. First 15 patients with rheumatic heart affection, second 15 patients with coronary heart dises. Pulmnary function tests, showed significant reduction in the forced expiratory volume at the 1st second, the maximum expiratory flow rate, the maximum mid expiratory flow rate, the peak expiratory flow rate and the maximal voluntary ventilation, in both groups. This shows clearly the obstructive ventilatory dysfunction present in patients with left heat failure whatever the etiology may be and which affects the peripheral airways paticularly to a large extent. This obstructive dysfunction can be atributed to swelling of the bronchiolar mucosa with cedema fluid and bronchiolar compression by the dilated blood vessels in the peripheral bronchovascular sheathes due to increased left atrial pressure.

Furthermore, the parameters reflecting the expansibility of the lung show that the FVC and tidal volume are significantly reduced. This shows clearly the concomitent restrivtive pattern of pulmonary dysfunction which can be explained by the alterations occuring in the elasticity of the lung tissue due to pulmonary congestion, interstitial cedema, alveolar fibrosis or any combination of these.

53

**T:Efficacy of amiodarons therapy for ventricualr tachycardia: role of electrophysilogic study.**

**A**: Samir M.. Rafla, Lone Castle and James Maloney.

**S**: BAFM

**D**: 6/86

**A**: Electrophysiologic testing was done in 30 patients after 7 or more days of amiodarone therapy; VT-S was not induced in the laboratory in 14, none of whom had recurrence of VT-S clinically, but one died suddenly. VT-S was induced in the laboratory in 16 patients; 6 had clinical recurrence of VT-S and another died suddenly (7/16-44%). The difference between the 2 groups is statistically significant ($P < .03$). Side effects appeared in 55% of the 64 patients but necessitated discontinuing amiodarone in only 8% (6 patients).

54

**T: Plasma cortisole and serum electrolytes and aldosterone levels in patients with recent myocardial infarction.**

**A**: El Sawey Habib, Nadia Marci, Mostafa Soliman Darwish.

**S**: SJAMF

**D**: 6/86

**K**: Myocardial infraction, Serm electrolyte.

**A**: In 20 patients with acute myuocardial infarction, there was a significant increase in plasma cortisol levels six hours, 12 hours, 24 hours and up to fourth day of infarction while sodium and potassium and aidosterone serum levels did not show significant changes.

55

**T: The relation between serum magnesium level and ischaemic heart disease**

**A**: H. Mehanna, Mayat El-Sayed, Salwa M. Rkha, Kawkab El-Sabah and H. El-Guindy.

**S**: BAFM

**D**: 6/86

**K**: Level ischaemic heart disease, serum magnesium

**A**: This study is carried out to clarify the relation between serum magnesium and some other electrolytes and ischaemic heart disease in different groups of patients. The results obtained in this study reveals low serum magneium level in patients with acute myocardial infarction. The use of diuretics aggravates the hypomagnesemia and accompanied with hypokalemia which is turn making them more vulnerable to ventricular arhythmias. These results were discussed.

56

**T: The human leucocyte antigens profile in schistosomal cor pulmonale**

**A**: E. Ahmed, T. Badawi, H.F. El-Shazly, W. Ayad and R. Kaher.

**S**: BAFM

**D**: 9/86

**K**: Schistosomal corpulmonale.

**A**: The aim of this work was to study the HLA profile in schistosomal co pulmonale. The study included 27 patients with schistosomal cor pulmonale and group of 300 age matched healthy controls.

The frequencies of the HLA-A and B antigens wer studied. It was found that, HLA-B5 was increased and HLA-BS was absent in all patients. The results were matching with previously reported studies.

**5 7**

**T: Contrast two dimensional echocardioghry versus right ventricular angiography in the evaluation of tricusphid regurgiration.**

A: Ali Ahmed, Mamdouh El Ashry , Ramez Guindy ,Mohsen Rashad ,Rasmy Hamed, Samir Wafa and Hamdy Demerdash.

S: BMJ

D: 9/86

K: Tricuspid regurgitation , diagnosis

A: The presence of tricuspid regurgration was studied in 48 patients with chronic rheumatic heart disease.2D echocardiographic study showed the presence of tricuspid regurgitation in 34 patients. It wa found to be insensitive in the assessment of the severity of tricuspid regurgitation.The right ventricular angiofraphy showed evidence of tricuspid regurgitaiton in 34 patients. It was found that angiography was the only means which could help in the detection of degree of severity of tricuspid reguritation.

**5 8**

**T: Echocardiographic evaluation of cardiac dimensions and volume in simple obese subjects**

A: El-Gohary, Shalaby; El-Saey T. Taha

S: JMMA

D: 9/86

A: This work was done on 15 subjects with simple obesity and 10 Normal controls. We studied the echocardiographic changes of the anatomy of the heart during different phases of its activity. The 15 obese subjects showed a significant increase over the 10 controls in the end diastolic volume and dimension. They also showed increased left ventricular wall volume and mass together with incrased left atrial proper dimension and the left atrial to aortic root ratio. Good correlation is observed between these parameters and the body mass index. No change was observed in the endsystolic dimension and volume, in aortic root dimension, in the end diastolic posterior wall thickness and in the septum throughout the cardiac cycle.

**5 9**

**T: Ballon cahteter valvaloplasty for pulmonary stenosis: report of the first four cases**

A: Sh. El-Tobgi, Sh. El-Degwi, W. El-Aroussy, H. Kandil & Yehia Saad

S: MJCU

D: Pulmonary stenosis, valvaloplasty

A: This report presents the initial experience of the cardiology Department at Cairo University with ballon-catheter dilatation of vavlualr pulmonary stensosis. The procedure was performed under local anaesthesia in 4 female patients aged 10-22 years. Single or double ballon catheters were used for dilatation and the technique of valvuloplasty was described in detail. A reduction of systolic pressure gradient was obtained in every case; this was most prominent in cases No. 3 & 4 where the gradient dropped from 110 to 30 mmHg and from 80 to 20 mmHg, respectively. The use of ballon sized 30-40% larger than the valve annulus diameter was associated with better haemodynamic results. One patient developed correctable hypotension two hours after the procedure, but ther were no other complications.

**6 0**

**T: Comparison between the role played by carotid sinuses and aortic arch in regulation of arterial blood pressure**

A: H. Hamdy, Y. Abdel Rahman, Boithaina Sallam, N. Youna, M.A. Marzouk, M. Rafik, & Hoda Y. Henein.
S: MJCU
D: 9/86
K: Arterial blood pressure, regulation.
A: The effects of inactivation of the baroreceptor reflexes arising from the aortic arch (by vagotomy) and/or the carotid sinuses (by carotid occlusion) on arterial blood pressure (A.B.P.) in dogs were compared. The effect of inactivation on the drop in pressure consequent to a standard blood loss were also compared. The carotid basoreceptor reflex was found to be a true buffer system. Its inactivation resulted in a higher increase in A.B.P., and a more drop in blood pressure after bleeding, than inactivation of the aortic one.

6 1
**T: Cardiorespiratory effects of calcium-channel blockade and angiotensin converting enzyme inhibition in patients with severe chronic congestive heart failure.**
A: A. El-Biali, I. El-Akary, S. Kandil and Kokab Khedr.
S: BAFM
D: 9/86
K: Congestive heart failure.
A: The cardiorespiatory effects of calcium channel blocker, nifeipine (30 mg daily for 15 days), and angiotensin converting enzyme inhibitor, captopril (75 mg daily for 15 days), were caculated in 20 symptomatic patients there was a significant increase in cardiac index and stroke volume index, along with a decrease in mean arterial pressure and systemic vascular resistance, indicating improved left ventricular function. Respiratory functions were significantly improved (significant reduciton in VB/VT and significant increase in flow rates) but they were still deviated from normal. These beneficial circulatory and respiratory effects were accompanied by clinical improvement. Thes results suggst that nifedipine and captopril are useful therapeutic adjunct for the management of patients with severe refractory chronic congestive heart failure. Both drugs are of equal efficacy in the management of such condition.

6 2
**T: Combined validity of minimal cardiac transit time and gated blood pool evaluation of the left ventricular function in schistosomiasis.**
A: S. Kandil, M. El-Biali, Sawsan Moussa H. Foda and H. El-Badawi.
S: BAFM
D: 9/86
K: Schistosomiasis
A: The minimal cardiac transit time (MTT) and left ventricular ejection fraction percent (EF%) were mesured for 25 patients with schistosomal hepatic fibrosis (SHF), 15 of them had also schistosomal cor pulmonale (SCP) in addition. The MTT was prolonged in patients with SCP in whom the EF% was significantly reduced at rest and after exercise than the patients without SCP ($P < 0.01$). These changes indicate that the pumping function of left ventricle is disturbed in patients with SCP. The possibility of schistosomal cardiomyopathy has been discussed.

6 3
**T: Non Invasive assessment of L.V. function in acute myocardial action utilizing systolic time intervals.**
A: H.I. El Guindi, S. Mokhtar, S.E.T. Abdel Halim and F.A. Sallam.

S: BESC
D: 10/86
K: Acute myocardial infarciton, LV functin.
A: In conclusion it was found that the role played by several factors and particularly that of catecholeamines in modulating STIs limit their value in detecting mild degrees of LV functinal impairment in AMI and in drawing prognostic conclusion. In our opinion STI measurements can not be used alone in the CCU to give reliable estimation of LV pumping dysfunction and we should look for other better non-invasive techniques.

64
**T: Spectrial analysis of the first heart sound in normal subjects and in patients with mitral stenosis and atrial myoxoma.**
A: M. Wards, A. Aessopos, S. Abdallah, C. Martin , and R.J. Hall,
S: BESC
D: 10/86
K: Mitral stenosis, atrial myoxoma, first heart sound.
A: The clinical value of frequency analysis of the first heart sond(S1) was assessed by comparing 15 normal subjects with 19 patients having modrate to severe mitral stenosis, and 14 patients with myoxoma (12 left and two right). The average dominant frequency of S1 in patincts with mitral stenosis and in those with myoxoma, was significantly higher than that in normal subjects. Both the peak sound intensity normalized by the average sound intesity and the ratio of the area under the spectral curve from 10 to 100 Hz to that from 100 to 300 Hz wer significantly lower in cass of mitral stenosis and myoxoma than in normal subjects.

This implies that, while the first heart sound energy in normal subjects is confined to a relatively narrow frequency band below 100 Hz. Two of the patients with myoxoma pre- and postoperative study. A pattern similar to that of the normal subjects was observed after the tumor was removed. The frequency pattern in paients with myoxoma may be differntiated from that of patients with mitral sienosis by the shape of the curve. A multiple local maxima instead of a monotonous decay is seen in patients with myxoma. The stiffness of the valve and movemebnts of the tumor are possibly responsible for the higher than normal frequency of S1 in patients with mitral stenosis and myoxoma, respectively.

65
**T: Clinical Trial of oxyfedring in Angina pectoris**
A: N. Gobran, Emam, D.A. Shokka, H. Ragy, & L. Shawky
S: BESC
D: 10/86
K: Angina pectiris, Oxyfedring.
A: Oxyfedrine is one of the new drugs used for the treatment of ischemic heart disease. It has recently been introduced to our contry.This study is a trial to assess the efficacy of Oxyfedrine in treatment of patients with angina pectoris. It is a placebo controlled crossover study of Oxydedrine against Beta Blocker.

66
**T:Advanced "high" degree atrioventricular block in acute rheumatic fever.**
A: M.F. Abdul-Mohsen, & S. Al-Mohaya
S: BESC
D: 10/86
K: Acute rheumatic fever, atrioventricular block

A: In acute rhematic fever signs of arthritis and/or carditis may be combined with a prolonged PR interval in the ECG (1 AVB). However, more marked disturbance of the artioventricular conduction causing bradycardia are not frequently seen. The present case history includes a temporary high grade atrioventricular block in a yong man who was admitted to King Fahd Hospital of the University with acute recurrent rheumatric fever. The patient had symptomatic bradycardia (ventricular rate < 40 beat/minute) with severe dizziness and low blood pressure. We feel that patients with rhehumatic fever who develop significant breadycardia should be monitores continuously to detect conduction defects, in order to give adequate therapy.

**67**

**T: Partial Anomalous pulmonary venous return: Report on 7 cases.**
A: G.M. El-Said, T.S. Khail,, K. Sorour, H. Gaafar, A. Zaki and F. Sallam.
S: BESC
D: 10/86
K: Partial onomalour pulmonary venous return.
A: partial anomalous pulmonary venous return (PAPVR) is a congenital heart disease in which one of more but not all the pulmonary veins return anomalously to the right atrium of one of its venous tributaries.

**68**

**T: Negative ergonovine test in patients with atypical chest pain and minor S-T, T changes.**
A: S.M. El Tobgi,.S. Gharib, and W.El Aroussi.
S: BESC
D: 10/86
K: Atypical chest pain, negative regonovine test
A: We investigated the possible role of coronary artery spasm in patients with atypical chest pain simulating angina pectoris. 19 patients wer studied clinically and by echocardiography stress and coronary angiography. 15 patients (79%) were receiving coronary vasodilators for a mean period of 3.7 years. The ECG showed minor S-R, T changes in 15 cases (79%). The echocardiogram was normal in all. Stress test was peformed in 13 patients (all had normal coronary arteries); its was negative in 9 (69%) and false positive in 4 (32%). Coronary angiography was performed in all cases, only 2 had coronary atherosclerosis. Ergonovine test was negative in 15 cases with normal coronary arteries.

Coronary artery spasm is not a likely cause of symptoms in atypical chest pain syndromes. The prevalence of coronary atherosclerosis in these patients is low. Its exclusion requires either a negative maximal stress test or coronary angiography. Coronary vasodilator therapy should be reserved only for patients with proved diseases.

**69**

**T: Possible ischemic electrocardiographic changes in diabetics with non-manifest coronary heart dises.**
A: M. Essawy, E. Ezzat, H. El-Rawady and F. Makaly
S: BESC
D: 10/86
K: ECG, diabetics, coronary heart.
A: 1. To verify the presence or the absence of any electrogardigraphic (ECG) pattern indicative of CHD among diabetics with non-manifest CHD.
2. to describe the prevalence of those possible ECG changes among diabetics.

70

**T: Evaluation of Blalock-taussig procedure done for cyanotic heart disease.**

A: M.A. Nasr, M.El-Gammal, M.F. Shaltout. E. Naguib, S. El Mahmoudy. L. Issa. D. Abou-Shokka, I. Massoud, R Kamar, S. Abdel Hadi, M. Aziz, I. Hagag, A.R. Nasr. and M. Socir

S: BESC

D: 10/86

K: Cyanotic heart disease, Blalock-Toussing procedure.

A: Between January 1983 and December 1985, 28 cases of Blaock-Taussig shunt procedures were done in lambaba Heart Institute. Better results were obtained in severly cyanotic patients weighing between 10 and 15 kgrs body weight and whose age varies from 3 to 4 years old.Indications of palliiative procedures for cyanotic heart diseas and cirieria of immediate and late success of failure of the procedure are discussed.

71

**T: Electophysilogical study in patients with supraventricular tachyarrhythmias.**

A: M. El Ashry, M. Nawar, T. El Badawi, H. El Badawi, H. Khalil, M. Abdel Fattah & S. El Sakka.

S: BESC

D: 10/86

A: In a trial to find any electrophysiological abnomrality in patients with paraoxysmal atrial techyarrhythmia, thiry patients were studied and classified into three groups. Group I, II & III, each included ten patients. Group I with Rheumatic mitral valve disease and paroxysmal atrial tachyarrhythmia and group III without manifest organic heart disease and with paroxysmal atrial techyarrhythmia. His bundle study both at basic sinus rhythm and utilizing rapid atrial pacing was done. No abnormality could be recorded in the conduction intervals, sinus node function and refractory periods of the atrial wall.

72

**T: Effects of calcium channel blocker (verapamil) combind with nitroglycerin in chronic congestive heart failure.**

A: S. Ekram and M. Badr.

S: BESC

D: 10/86

K: Chronic congestive heart failure, treatment.

A: Verpamil reduces arterial smooth muscle tone and lowers blood pressure. It may be regarded as a left ventricular (LV) unloading agent. LV unloading efficacy of verapamil was tested in 20 patients with (grade III and IV) severe congestive heart failure. Oral verapamil in single dose of 160 mg. reduced sytolic, diastolic and mean arterial pressure and was not effective on pulmonary wedge pressure (PWP) and LV systolic time intervals PEP/ LVET. Pre-ejection period to left ventricular ejection time ratio) suggesting the possibility of an important negative inotropic action of verapamil. We add dublingual nitroglycerin at the peak action of 160 mg oral verapamil (90 minutes) in 13 patients. The addition of nitroglyceria resulted in a significant reduction in PWP and PEP/ LVET but no significant changes in heart rate and arterial blood pressure. The finding in this trial indicate that the preload reduction by nitroglycerin could potentiate the unloading effects of verapamil and we conclude that verapamil appears to be safe agent for use combined with nitroglycerin in patients with heart failure.

7 3

**T: Prognostic value of alpha antitrypsin in acute myocardial infarction**

**A**: M. Badr, F. Harras, S. Ekram and E. Eklass

**S**: BESC

**D**: 10/86

**K**: Acute Myocardial infarction, treatment.

**A**: Alpha1 Antitypsin ($OC_1$) levels were measured in 12 patients with acute myocardial infarction admitted to coronary care unit and in 10 control cases. $OC_1$ AT was significantly raised in the gorup of patients with acute myocardial infarction.

7 4

**T: Comparison of Antihypetensive effect of converting enzyme inhibitor captorril and nadolol in elderly patients.**

**A**: S.R. Dimitry, and M.M. Ibrahim

**S**: BESC

**D**: 10/86

**K**: Antihypertensives, captopril, nadolol.

**A**: The effect of converting enzyme inhibitor (Captopril) versus the beta-blocker (nadolol) on elderly hypertensive patients was evaluated in 20 patients, all above the age of 60 years. After initial 2 weeks, washout period and placebo therapy for another 2 weeks, patients were divided into two equal groups I and II. Group I patients recieved captopril (72-150 mg daily) and group II patients recieved (80 mg nadolol daily) for 4 weeks, in a single blind randomized cross over study. The 20 patients then recieved placebo again for 2 weeks. This was followed by crossover in the anti-hypertensive drugs group I recieved nodolol and group II recieved captopril in the same previous dosages for another 4 weeks.

7 5

**T: Criteria favouring evaluation of thrombolytic therapy efficacy in acute myocardial infarction.**

**A**: M.L. Shahwan, M.A. Moustafa and M.M. El Gawady.

**S**: BESC

**D**: 10/86

**K**: Acute Myocardial infarction, thrombolytic therapy, efficacy,

**A**: The randomized, controlled clinical trial is a definitive tool for evluating the effectiveness of an intevention. Randomization tend to produce study groups that are comparable with regard to known and unknown prongnostic factors. The concurrent control group allows for a proper comparison; any group difference at the conclusion of a trial can, with reasonbable certainty, be attributed to the tested intervention. However, many studies assessing the benefit of a new intervention are nonrandomized and use historical control.

7 6

**T: Effect of experimental uraemia in rats on the ECG tracing and its correlation with plasma and heart electrolytes**

**A**: N. Mikhail, Adel Zaki, Adel El-Habet, Hosney El-Shirbiny, S.H. Khalil & A.S. Kassim

**S**: JMRI

**D**: 10/86

**A**: Acute ureamia was induced in 20 male albino rats by bilateral ureteral ligation. 48 hours after operation ECG tracings (lead 11) were recorded for contrtol and uraemic rats electrolyte concentrations for $Na^+$, $K^+$, $Ca^{2+}$, $Mg^{2+}$, $Cl^-$ and $P^{3-}$ were determined in the

plasma and heart muscle of all rats. The distribution (extra -, and intracellualr) of cations in heart muscle was also calculated.

77

**T: Is intensive exercise training beneficial to the heart?**

A: N. Mikhail, F.I. Ramzy, B. Mina and A. N.A. Abdel-Aal

S: JMRI

D: 10/86

A: Twelve male athletes who are membèrs in the national team of wrestling, from the material of this study.Athletes are on intensive exercise training program for three hours daily and 5 days per week and for an average duration of 8.7 $\pm$ 1.26 years.

The athletes were studied for their lipid profile, basic haemodynamic study (heart rate and blood pressure) and ECG changes before and afte their intensive exercise training. The results showed a highly significant increase of HDL-chloesterol with its protective action on development of coronary atheroschlerosis.

There was also highly significant decrease of total cholesterol and VLDL choleserol, LDL-cholesterol and triglycerides (TG). The ECG tracing did not show any sign of ischameia. It is concluded that strenuous exercise training has the same protective action on the heart as habitual physical training.

78

**T: Diastolic function of the left ventricle in hypertension**

A: E. Hamdi, A. Botros, S. El-Sakka, K. Khader and T. Badawi.

S: BAFM

D: 10/86

K: Hypertension

A: This echocardiographic study aimed at evaluating the diastolic function of the left ventricle in 15 hypertensive patients. Left ventricular hypertrophy was detected in all the patients by ECHO only.

The compliance of the left ventricle was reduced as shown by decreased EF slope, the maximum diastolic endocardial velocity and the prolonged isovolumic phase of relaxation, such changes were not closely related to the duration or severity of hypertension.

79

**T: A correlative study of changes of plasma calcium and Q-T interval during acute non complicated transmural myocardial infarction**

A: A. Helmy, A. Ghoneim and M. Barakat

S: BAFM

D: 12/86

K: Transmural myocardial infarction

A: Twenty patients and ten healthy persons were the candidates of this study. Patients were selected to have recent non complicated transmural myocardial infarction. The aim of the present work was to define the Q-T inteval changes and also changes in plasma calcium during the acute infarction.

Results showed significant prolongation of Q-T interval or patients compared to controls from the first day post-infarction up to the fifth day with maximal prolongation in the third

day. Patients showd significant fall in plasma calcium and albumin. When a correcting factor was applied to convert the measured calcium to the values that would be expected at a fixed albumin concentration it showed insignificant hypocalcemia.

**80**

**T: Immunology study of the lung in schistosomal cor pulmonaie**
A: E. Ahmed, T. Badawi, E. Hamdi, H. Ragheb, A. Soliman, S. Zaki, W. Ayad and R. Zaher
S: BAFM
D: 12/86
K: Schistosomal corpulmonale.
A: This work was designed to study the role of the lung and certain immunological facors in the pathogenesis of pulmonary vascular changes in schistosomal cor pulmonale. This study included 24 shcistosomal patients divided into two equal groups; one with and the other without cor pulmnale.

Immunoglobulins and complement were determined and lung biopsy was examined by immunofluorescence. It was found that cor pulmonale patients showed increase production of immunoglobulins and retention of the complement by the lung. The lung biopsy demonstrated deposition of immune complexes in the pulmonary arterioles.

**81**

**T: The Egyptian experience in rheumatic fever and the possible role of immunomodulatory drugs in early carditis.**
A: Tamara, M.F.A.
S: EICRA
D: 12/86
K: Rheumatic fever, experience
A: After more than twenty years experience in the management of Eastern Rheumatic fever, it seems that new approaches should be explored. The reason for this is the fact that no drug is known to stop endocarditis once started. For example, when mitral stenosis starts, it incrases gradually and even after valvotomy restenosis occurs, which means continuous activity although the criteria of activity refer to quiescence.

**82**

**T: Nature and extent of cardiac lesions in rheumatoid arthritis**
A: Tamara, M.F., El-Sherbini, M.; Awad, O.S. and Bochra, A.
S: FICRA
D: 12/86
A: The nature and extent of cardiac involvement in 20 patients with classic and definite rheumatioid arthritis were studied.

**83**

**T: Employing thrombolytic therapy in acute myocardial infarction.**
A: M.M. El-Gawady, M.L. Shahwan and M.A. Moustafa.
S: ZUMJ
D: 12/86
K: Myocardial infarction management, Thrombolytic therapy
A: This article is mainly devoted to spot lights on different ways in employing thrombolytic therapy in treatment of acute myocardial infarction. A great number of the published studies on this topic is reviewed in this article.

**8 4**

**T: Beneficial effects of thrombolytic therapy in acute myocardial infarction.**

**A:** M. El-Gawady, M. El-Shawan

**S:** EJOAS

**D:** 12/86

**A:** This review spots lights on the published data reflecting world advanced centers experience concerning the following items:

1. Recanalization
2. L.V. Function
3. Infarct Size
4. Ischamic events
5. Survival
6. Right Ventricular function.
7. Prevention of L.V. Thrombi.

**8 5**

**T: Cardiac microsomal enzymes after pindolol injection under halothane anesthesia in dogs.**

**A:** M. Abdel Azeem, Nadia El-Banna and S.A. Soliman

**S:** BAFM

**D:** 12/86

**K:** Halothane anesthesia

**A:** Most of the drug metabolizing enzymes are located in the cytoplasmic reticulum and the cytoplasm. The microsomal fraction contains cytochrome P-450 enzyme systems while the cytosol contains the soluble enzymes glutathion S-transferases. Changes in the rate of drug metabolism may be caused by alterations in any one of these enzymes.

**8 6**

**T: Therapeutic effect of disopyramide in supraventricular and ventricular arrhythmia**

**A:** N.H.F. El-Baroudy, M. Sherif Mokhtar, M. Ibrahim, R.H.A. Baza, M.M. El-Sayed.

**S:** S.J.M.F.

**D:** 12/86

**K:** Disopyramide, effect

**A:** The present study comprises the clinical application of DP as an antiarrhythmic drug. This was explored on 18 ault patients of both sexes suffering from supraventricular and ventricular types of arrhythmia mostly associated with undertyping myocardial infarction. Disopyramide is effective in both ventricular and supraventricular types of arrhythmias by 100% and 62.5% rspectively. In our study, DP was found also effective in controlling arrhythmia in six out of eight patients under digitalis therapy. Heart block with combined disopyramide and digitalis as also reported in two out of eight patients. Finally, it is important to mention that it is dangerous to combine high dosage of DP with digoxin therapy on account of liability of 2nd degree heart block.

**8 7**

**A: Evaluation of left ventricular function and patients undergoino mitral valve replacement**

**A:** M.M. Moustafa, M. Bassiouny, A. Maklad, A. Ayoub, M. Monir Abdel Fatah, M. El-Fiky and H. El Sayed.

S: SJAMFG
D: 12/86
K: Left ventricular functuion, Evaluation.
A: Thirty patients with mitral valve disease who underwent mitral valve replacement were studied concerning their left ventricular functions before and after surgery. All of them had rheumatic mitral valve disease. Twenty-one patients (70%) had predomnant mitral regurgitation and nine patients (30%) had predominant mitral stenosis. Their average age was 25 years. They were in NYHA functinal class III or IV with treatment preoperatively. The left ventricular functions were assessed preoperatively by clinical examinatin, electrocardiogram, chest X-ray, echocardiographic evaluation, cardiac catheterization and left ventricular angiography. The non-invasive investigations were repeated postoperatively at 2, 4, and 6 months intervals.The investigations have shown marked improvement in left ventricular functions after mitral valve replacement in most of the patients who also showed clinical improvement by at least one NYHA functional grade.

**88**
**T: Exercise performance in essential hypetensive patients**
A: I. El-Akary, M. El-Biali, I. Abdel-Rahman and H. Foda.
S: BAFM
D: 3/87
K: Essential hypertension, exercise performance.
A: The circulatory and ventilatory responses to incremental, exhaustive, cycle ergometric exercise in 10 normal subjects as controls, and 20 mild to moderate essential hypertensive patients were studied to evaluate the exercise performance of hypertensive patients. The circulatory measurements were performed before and at maximum exercise, and the ventilatory responses were assessed by the non-invasive breath-by-breath technique.

Anaerobic threshold (AT) was also assessed. In contrast to normal subjects, the hypertensive patients developed significant increase in blood pressure and had significant lower values of both oxygen-pulse and maximal oxygen consumption (in ml/kg/min.) and higher value of rate-pressure product at maximum exercise. The AT of hypetensive patients was significantly lower than that of normal subjects.

Sublingual administration of 10 mg of the calcium-channel blocker 'nifedipine" before exercise to the hypertensive patients normalized the ventilatory and circulatory responses and the AT. These results suggest that there is impairment in the exercise performance of hypertensive patients which is corrected by nifedipine. The possible responsible mechanisms were discussed.

**89**
**T: The effect of beta blockade in early phase after acute myocardial infarction.**
A: M. Nienaa, H. Nienaa, T. Badawi and A. Abbasy
S: BAFM
D: 3/87
K: Myocardial infarction,
A: The early pahse after AMI. The study included 30 patients divided in two equal groups one of them received propronolol. It was found that, propranolol reduced the heart rate, blood pessure, ST elevation, size of infarction and the incidence of complications with insignificant affection of cardiac performance. The use of beta blockers was recommended after AMI.

9 0
**T: Ambulatory Twenty four hour ECG monitoring in post myocardial infarction patients**
A: S. Arab, K. Khedr, S. Rafla, A. Kholief and W. Ayad.
S: BAFM
D: 3/87
K: Myocardial infarction, ECG, Holter monitor.
A: Thirty cases of known infectious diseases were included in this study, ten cases with typhoid fever, ten cases with bacterial meningitis and ten cases with bronchopneumonia together with then healthy control cases.

Serum zinc and cooper were estiamted using Atomic absorption spectrophotometry method to elucidate the behaviours of these trace elements in the course of infectious diseases. The results showed decrease in serum zinc level and increase in serum copper concentration as compared to healthy control cases. The mecahnism (s) and significance of these changes are discussed.

9 1
**T: Dobutamine in Haemorrhagic shock**
A: A. Ghaleb; A. Shabayek; Bayoumi and Mostafa
S: JMMA
D: 5/87
K: Shock, management
A: The effect of dobutamine - a selective inotropic sympathomimetic - on experimentally induced haemorrhagic shock in dogs was studied. I.V. infusion of the drug in doses ranging between 2.5 - 20.0 ug/kg/min produced insignificant changes in the systolic, diastolic and mean arterial pressrues, central venous pressure and heart rate with no abnormal ECG findings.

However, dobutamine at a dose of 30.0 ug/kg/min produced significant reduction of the diastolic and mean arterial pressrue, without significant changes in the other parameters.

9 2
**T: Combination of the thrombolytic Therapy with other new theraputic measures in the management of acute myocardial infarction.**
A: M. El-Gawady, M.L. Shahwan and M.A. Moustafa.
S: ZUMJ
D: 6/87
K: Myocardial infarction, management
A: As the management of Myocardial Infarction is undergoing many revolutions invasivly and non-invasively, this article spots lights on the advanced centers experience in combination of the thrombolytic therapy with PTCA and/or CABS in The Management of Acute Myocardial Infarction.

9 3
**T: Study of the effect of atrial extract on some renal functions in the rats**
A: A. Ghoneim, M. El-Dakhakhny, S. Al-Kafafy and L. Bayoumi.
S: BHIPH
D: 6/87
K: Extract, renal, functions.

A: The aim of the present work was to evaluate the effect of atrial extract on some renal functions in normovolaemic and hypervolaemic rats. Extracts of ventricular tissue were used for comparison.

**94**

**T: Validity of clinical and some non-invasive procedures in assessment of mitral stenosis as verified by intra-operative findings**

A: Aly, A.A.; Hassanein, M.T.; Ibrahim, S.M.; El-Etreby, M.Y.; Abu-Sena G.A. and Shahwan, M.L.

S: ZUMJ

D: 6/87

K: Assessment, mitral stenosis.

A: This study tried to compare clinical; Roentgnographic (X-ray); electrocardiographic (ECG); phonocardiographic (PCG) and M-mode echocardiographic (M-Echo) findings, with the intraoperative findings in 15 cases of isolated moderate to severe mitral stenosis(MS) with a man age of 23.5 years, in order to assess the validity of such criteria in evaluation of tightness of MS.

**95**

**T: Echocardiographic evaluation of left ventricular functins in patients with decompensted liver.**

A: O.S. Awwad, N.Z. Alah, M.A. El-Sayed, R. Hamed, M. El-Ashry, Aly ahmed.

S: ZUMJ

D: 6/87

K: Left ventricular functions in decompensted liver.

A: High cardiac out put state was observed in 15 patients with liver cell failur. 60% of the patients showed dilated left ventricle. Left ventricular ejection time was significantly shortened, ($P<0.05$).

**96**

**T: Nursing decision making in coronary care units**

A: O.M. Hamdy, S.M. Eweda, A. El-Sebai, S.A. Abou-Donia, S. Hamouda.

S: BHIPH

D: 9/87

K: Coronary care units.

A: Objectives of the study:

a. To determine the nurses' abilities in making appropriate decisions in a given situation.

b. To determine the abilities of the nurses in providing theoretical rationale for their decisions.

c. to identify the factors that influence the nurses' decision making.

**97**

**T: The clinical evaluation of an anti-hypertensive fixed combination in the treatment (an open non- comparative study).**

A: Nabil Ebeid; Nagy Salama and George Latif.

S: JMMA

D: 9/87

K: Anti-hypertensive treatment.

A: The clinical effectiveness of Trepress (a fixed combination of a betablocker; oxyprenolol 80 mg, a vasodilator; hydralzaine 25 mg, and a diuretic; chlorthalidone 10 mg) has been

tried in the treatment of 48 hypertensive patients in an industrial factory. The patients were aged between 27 and 65 years. Patient's weight, heart rate, supine blood pressure and standing blood pressure measured immediately on standing and 2 minutes later were determined before treatment and during each of the follow up visits. All blood pressure measruements were done on the right arm.

**98**

**T: Interaction of dobutamine with some drugs in experimental haemorrhagic shock**

**A:** Hassan A. Shabeyk; Haider A. Ghaleb, Mostafa Bayoumi; and A.y A. Mostafa.

**S:** JMMA

**D:** 9/87

**K:** Dobutamint shock

**A:** The effects of dobutamine (DT) and some selected drugs, each alone and combined together, on the BP, central venous pressure and ECG tracing were studied in shocked dogs.

**99**

**T:A new mesurements and a new formula to estimate pulmnary capillary wedge pressure noninvasively**

**A:** M. El-Sayed; A. El-Sali; M.S. Tolba; M. Gomaa; M.A. abdou; M. Motaweh, M.; M.M. Maher, O.O. Awaad and A. Imam.

**S:** JMMA

**D:** 9/87

**K:** Pulmoanry capillary wedge

**A:** Thirty cases of rheumatic mitral stenosis, were catheterized to measure the pulmonary capillary wedge pressure (PCW) and to exclude patients with grade more than 1/4 mitral or aortic regurgitation.The mean PCW ranged between 13-45 mmHg, mean 29.6 mmHg.

**100**

**T: Disturbance of coronary microcirculation in hypertensive subjects with normal coronary arteriograms**

**A:** B.E. Strawer; A.M. Ali; M.A. El-Sayed; A. Ismaiel; M.M. Gomaa M.A. Abdou; M.M. Maher; O.O. Awad and A. Imam.

**S:** JMMA

**D:** 9/87

**K:** Coronary Microcirculation.

**A:** Among 252 hypetensive patients presented with angina or angina equivalent, 84 patients were chosen because of normal major coronary arteriograms. patients were 58 males and 26 females with a mean age 39 years. Mean arterial pressure was 50% higher than the normal control group.

**101**

**T: Acute myocardial infarction with inconclusive ECG.**

**A:** T.Hassan, S. El-Mesidy, R. Hamed, M.Y. Salah, Abd.Abu-Hashem, M.S. Hassanein, and A. Fattah Frere.

**S:** NEJM

**D:** 10/87

**K:** Acute myocardial infarction with inconclusive ECG.

**A:** This study included 80 subjects, 40 of them were suspected clinically to have fasciolasis

(20 with hepatomegaly and 20 with calcular cholecystitis), 2- patients had active schistosmiasis and 20 healthy control subjects. All cases were subjected to complete history, physical examination, stool analysis, blood picture, liver function test, oral cholecystography, allergic skin test using whole fasciola antigen and detection of fasiola antibody in the patient sera by latex agglutination and complement fixation tests. Also sigmoidoscopy with rectal snip was done for all cases to search for schistosoma ova.

**102**

**T: L.V. performance in patients with coronary heart disease.**

**A:** T.Hassan, A. Salah, G. Hassan, S. Mesidy, Abdalla Abu-Hasem, abd Adbel-Fattah Frere.

**S:** NEJM

**D:** 10/87

**A:** Twenty five women with unexplained infertility and 20 fertile women were included in this study for estimation of CA 125. There was statistically signficant increase of CA 125 in unexplained infertility group (mean=46.93 U/ml) as compared to the in control group (mean = 18.23 U/ml).

**103**

**T: History of the thrombolytic therapy**

**A:** M. Lotfi Shahwan and M. El-Gawady

**S:** NEJM

**D:** 10/87

**A:** The discovery of fibrinolysis took place when Tillet & Garner were carrying out a study on human plasma from an acute febrile patient. The first clinical trial of application of streptokinase was that of Tillett and Sherry (1949). Hohnson & Tillet (1951) were the first to demonstrate that thrombi culd be dissolved completely by the systemic infusion of streptokinase

**104**

**T: Eachocardiographic evaluation of left ventricular function in patients with acute myocardial infarction a comparative study between patients on I.V. streptocinase and on conventional therapy**

**A:** Taher Hassan, Mesbah T. Hassanin, Abdalla Abu Hashem, S. Ayaad, A.F. Frere, A. Bessar, M.W. Aboul Enin.

**S:** NEJM

**D:** 11/87

**K:** Left ventricular function acute, myocardial infarction, streptokinase.

**A:** M-Mode and 2D eacho were performed at hospital discharge to 10 patients with AMI. The patients were divided into two groups; the first group (Group I) comprised of 20 patients who received IY-STK upon admission and the second group (Group II) comprised of 20 patients who on conventional therapy.

**105**

**T: Study the incidence of vasospadtic angina in patients with chest pain and normal coronaries by means of holter monitor recording.**

**A:** Omar Awwad, Mohsen M. Rahsed, Ali Ahmed, M. El Sherbiniy, Iman Ahmed, Moustafa A. El Sayed and Ali El Serafy

**S:** NEJM

**D:** 11/87

**A:** The variant form of angina characteristically have electrocardiographic changes during

the ischemic episodes, whether these episodes were sumpotmatic or asymptomatic.

The high prevalence of asymptomatic ischemic episods found by previous studies, implies the use of the 24 hour electrocardiographic recording to determine vasospastic angina in patients complaining of chest pain and having normal coronary angiograms.

**106**
**T: A new measurement and new formula to estimate non-invasive pulmonary capillary wedge presure**
A: Moustafa M. El Sayed, Abdel Fattah Saleh, M. Sami Toiba, Mokhtar Gomaa
S: NEJM
D: 11/87
K: Pulmonary capillary wedge pressure.
A: Thirty cases of rheumatic mitral stenosis, were catheterized to measure the pulmonary capillary wedge pressure (PCW) and to include patients with grade more than 1/4 mitral or aortic regurgitaiton.

**107**
**T: Echocardigraphic evaluation of L.V. function in patients with coronary heart disease with special references to mitral valve E-point septal separation as an index to LV performance**
A: Taher Hassan, Mesbah T. Hassanien, Abdallah Abu Hashem, S. Ayaad, A.F. Frere, Awad Bessar, M.W. Abul Enin.
S: NEJM
D: 11/87
K: L.V. Function, coronary heart disease
A: M-mode echocardiography including the measurement of the mitral E point-setal separation (EPSS) was performed in 115 patients with CHD. The patients were divided into two groups: the first group (Group I) comprised 56 patients with EPSS < 10 mm and the second group (Group II) comprised 59 patients with EPSS < 10 mm. Compared to Group I, the patients of group II had a statistically significant rediction in [EF(p < 0.001), FS (p < 0.001), VCF (P < 0.001) and SVP < 0.05) nad a significant increase in [EDD (P < 0.001), ESD (P < 0.001), ESV (P < 0.001) and EDV P > 0.001).

**108**
**T: Role of Thrombosis in myocardial infarction.**
A: M. Lotfi Shahwan & M. El-Gawady.
S: NEJM
D: 11/87
K: Thrombosis, myocardial infarction,pathogy.
A: Indexes of the abstracts for cardiology meetings usually show considerable preoccupation with the ischaemic myocardium and its electrical difficulties, some concern over atheroma, and very little interest in thrombosis.

**109**
**T: Population study of blood pressure and associated factors in Kuwait.**
A: Aly A. Hasab, Z.M. Gad & G.M. Ezzat.
S: BHIPH
D: 12/87

A: The present work was designed to study the blood pressure distribution and some associated factors as age, sex, smoking, body weight and family history of hypertension in Kuwait.

**110**
**T: Circulating Immune complexes in pregnancy induced hypertension**
A: Maged Abou Seed, Rasha Khalil, Farouk Fekry
S: BHIPH
D: 12/87
K: Pregnancy induced Hypertension
A: The circulating immune complexes (CICs) were estimated both during normal pregnancy at different gestational ages and in cases of severe pregnancy induced hypertension (PIH). They were detected significantly throughout normal pregancy which may denote a physiological role-yet inknown for these complexes. The level of CICs continued to rise throughout pregnancy to reach its maximum at 36 weeks of gestation and continued as such till 40 weeks.

**111**
**T: Acute myocardial infarction in Algeria. Experience of the department of cardiology "A"**
A: R.Touati; S. Benkhedda; A. Meneai; A. Boudrar; K. Morad; M, Karim; M. Toumi
S: PAMCA
D: 1/88
A: Myocardial infarction cuases considerable mortality and morbidity throughout the world. Because valvular rheumatic disease is more frequent in Algeria, myocardial infarction is lost to second position.

**112**
**T: Subjective and objective evaluation of PTCA results in patients with Stable Angina.**
A: Tarek Zaid, Ali Ahmed El-Abd, Ali Ramzy, Hassan Ezz Eldin Attia.
S: ESC- 15th AM
D: 2/88
A: This study included 50 consecutive patients with stable angina pectoris and no evidence of Q wave infarction, left ventricular hypertrophy or left bundle branch block in their surface electrocardiogram.
Their age ranged between 40 and 68 years with a mean age of 53 year. Thre were 46 males (92%) and 4 females (8%). All patients were examined clinically and verified for their risk factors and duration of the disease. The number of episodes of chest pain/week were especially recorded. All patients had documentation of their coronary artery disease by single plane coronary arterigraphy. Those with a total occlusion of any major coronary vessel, > 60% lesion in more than one vessel or site were excluded also, those with akinesia of segment on the ventriculogram were excluded.

**113**
**T: Assessment of percutaneous balloon pulmonary and aortic volvuloplasty**
A: Hesham Boshra Mahmoud, Mahmoud El-Shirbini and Ramez Guindy
S: ESC- 15th AM
D: 2/88

A: Transluminal ballon volvuloplasty was used to treat congenital pulmonary and aortic valves since 1982 and 1983.
In our hospital, percutaneous bnalloon pulmonary or aortic valvuloplasty was performed in 13 consecutive patients with no death. The transvalvular pressure gradient was reduced from 120 ± 43 to 54 ± 21 mmHg ($P < 0.01$) with a mean reduction of 55% in 8 patients with congenital pulmonary valve stenosis and from 116±43 to 63+37 mmHg ($P < 0.01$) with mean reduction of 45 % in 5 patients with congenital aortic valve stenosis.
Follow-up echo-Doopler demonstrated persistant relief of right ventricular hypertension while the left ventricular pressure increased in 2 of 5 patients performed aortic valvuloplasty.

**114**
**T: Early evaluation of coronary angioplasty (PTCA)**
A: Ahmed Rozza, C. Hamm. W. Bleifeld.
S: ESC- 15th AM
D: 2/88
A: The comparison of 6 and 12 months clinical follow-up using exercise ECG and thallium 201 scintigraphy of 35 patients (pts). I with multiple (M) coronary artery stenosis (VD) treated medically and 94 pts underwent PTCA was evaluated. There were no significant differences in age, sex and clinical class in between groups. Angina pectoris and/or objective 80% ($P < 0.001$) in I. On the other hand rose from 23% to 29%, ($P < 0.05$) of 31 pts with single VD (II), from 29% to 45% ($P < 0.001$) of 38 pts with MVD and underwent single PTCA (III), and from 24% to 32% ($P < 0.01$) of 25 pts with MVD and underwent complex PTCA (IV). Surgical grafts were performed for 34% of I vs. 6% of H, 18%* of III, and 12% of IV ($P^* < 0.001$). These results indicate that PTCA is established therapy for single and MVD. Complete PTCA is a safe and effective in selected pts. PTCA might decline the surgical needs.

**115**
**T: Transcatheter ablation of atrioventricular conduction for Refractory superaventricular tachyarrhytmias.**
A: Nadia M. Selim, S. Butrous, Samir Wafa, David E. Warda and John Camm.
S: ESC- 15th AM
D: 2/88
A: Trials of interrupting structures involved in the gensis of tachyarrhythmias through a catheter is a recent promising area in the delivery of various forms of calculated shocks to electrocoagulate the atrioventricular (AV) junction. In 40 patients with recurrent disabling supraventricular tachyarrhythmias refractory to or intolerant of, multiple drug combinations, transvenous ablation of AV conduction utilising synchronised unipolar DC shocks delivered through a catheter to the AV node. His bundle was attempted. The patients recieved 1-4 shocks of 50-400 joules. Patients were followed up for 19 ± 13 months (1-44). There were no complications. Chronic complete heart block was achieved in 78% of cases. 8% had resumption of conduction but were asymptomatic and receiving no treatment. In 13% of cases the arrhythmia recurred and necessitated treatment which was effective in half of the cases. This simple technique has great potentials and may supplant some open heart procedures. With refinement it may be possible to slow rather than to ablate AV-His conduction.

**116**
**T: Transvenous ablation of anomalous pathways.**
A: Nadia M. Selim; Gazwan S. Butrous; Samir Wafa; David E. Ward and John Camm.

S: ESC- 15th AM
D: 2/88
A: Catheter ablation of accessory bypass tracts is potentially possible in tracts that can be localized by catheter mapping. Limited data are available to evaluate such ablative therapy. Among 7 patients who underwent attempted trials of ablation two showed complete response and one showed partial response. The accessory pathway (AP) in the responding patients was 1-2 cm from the coronary sinus in one case and midcoronary sinus in the other case. The DC shock doses ranged between 20 and 100J. The patients received an average of 6 shocks (range 2-14) in one or two sessions. The success rate among the 100 patients who underwent this procedure up till now are reported to range from 7% to 85%. The highest success rats have been reported with right-sided and posteroseptal pathways. Rupture of the sinus and death are dangerous complications.

**117**
**T: Percutaneous balloon mitral vavuloplasty. The Egyptian experience with the first nine cases.**
A: Adel Zaki, Sherif El-Tobgy; Lary Latson, Galal El-Said, Mohsen Ibrahim, Hussin Rizk, Kalid Sorour, and Yehia Saad
S: ESC- 15th AM
D: 2/88
A: Rheumatic valvular heart diseases are prevalent in Egypt and isolated mitral valve stenosis (MS) is not uncommon. Percutaneous ballon mitral valvuloplast (PMV) has been reported to be successful in patients with isolated MS and sinus rhythm.
The results of PMV were comparable to those subjected to surgical closed commissurotomy.

**118**
**T: Factors affecting the sensitivity of echo-doppler in the diagnosis of VSD.**
A: Samia L. Derias; Galal M. El-Said, M. Mohsen Ibrahim
S: ESC- 15th AM
D: 2/88:
A: In this study, sixty patients with VSD were examined, 36 males and 24 females, age ranged from 4 months to 54 years. 57 were congenital in origin and 3 were acquired (2 with post operative patch of VSD and one complicating extensive myocardial infarction). Among congenital VSD 18 were isolated and 39 were associated with other congenital anomalies. In 10 patients, the size was small (less than 5 mm), in 40 patients the defect was large, 2 had aneurysmal closing VSD and 2 pseudo anyrysmal, 3 endocardial cushion defects and 3 with single ventricle. In patients below the age of five (25) the subcostal approach, proved the best.

**119**
**T: Can echocardiography replace cardiac catheterization in preoperative assessment of coarctation of the aorta?**
A: Y.A. Sharaf, M.M. Ibrahim, G.M. El-Said.
S: ESC- 15th AM
D: 2/88
A: Echo Doppler techiques are replacing cardiac catheter in the diagnosis of several congenital heart diseases, however, the value of these techniques has not been established in coarctation of the aorta. We compared the echo findings with the Cath. finsings visualized 3 cases of CoA clearly in all cases (100%). The severity of obstruction could be assessed ac-

urately by Cath. through estimation of peak systolic gradient (mean 81 mm. Hg.) and observing the aortogram for the degree of luminal narrowing and the extent of the collaterals. Continuous wave Doppler could estimate the systolic gradient in 2 pts.

Associated anomalies were detected in 7 pts. Both echo and cath. detected PDA (2 pts.), valvular aortic stenosis (1 pt.), subaortic membrane (1 pts.), valvular aortic stenosis (1 pt.), subaortic membrane (1 pts.) M.S. (1 pt.) and picture of dilated cardiomayopathy (2 pts). Echo missed valvular aortic stenosis (1 pt), aortic insufficiency (1 pt.) and stenosis of the left subclavian artery (1 pt.). Vcf estimated by echo and Cath. showed a mean ± standard deviation of 1.32 ± 0.24 and 1.37 ± 0.25 rspectively. ($P < 0.001$).
In conclusion cardiac cath. is still superior to and more reliable than echo in preoperative assessment of patients with CoA.

**120**
**T: Reexamination of the electrocariographic criteria of left ventricular hypertrophy in the pediatirc age group using echocardiography.**
**A**: Wail Abde El-All, Adel Zaki, Fadia Mohamed, Mohsen Ibrahim
**S**: ESC- 15th AM
**D**: 2/88.
**A**:The validity of the recommended electrocardiographic diagnostic criteria of left ventricular hypertrophy in the pediatric age was no test. The introduction of echocardiography made it possibel to estimate the left ventricular mass non invasively. We have studied 55 children, 31 males, and 24 females, ages 1-12 years, known to have a cause for left ventricular hypertrophy. 30 children with pure volume overload, 20 with pure pressure overload, 3 with a mixed lesion, and 2 with dilated cardiomyopathy. M-mode echocardiography under two-dimensinal guidance was performed to estimate the left ventricular mass using the Penn. onventio. The body surface area was estimated from the DuBois nomogram and plotted Vs. the estimated left ventricular mass. When compared with the normal values, 21 children showed increase in left ventricular mass, and 34 were within normal limits.

**121**
**T: Associate anomalies of tetralogy of fallot. A study of 75 cases.**
**A**: Mohamed Hossam, Adel Zaki, Hssein Rizk, Maha Mourad and Yehia Saad
**S**: ESC- 15th AM
**D**: 2/88
**A**: Management of tetralogy of fallot complex (TF) is not safe or successful except by hemodynamic and angiographic detection of other associated cardiac anomalies (ACA). In the period of 1985 to 1987; 75 cases with TF were subjected to cardiac catheterization in kasr El-Aini Hospital.

ACA were present in 49 cases (65%) and in 8 patients more than one anomaly were detected. They were divided into two groups (A and B). Group A, 36 cases with more than one level of right sided obstruction and it included 24 with valvular PS, 14 pulmonary branch stenosis mainly the left (10 patients), 2 absent left branch and 6 supravavular stenosis. In 10 of them more than 2 levels of obstruction were seen. In group B (21 cases) variable anomalies were identified; right sided aortic arch in 15 (20%), ASD in 10, persistant left SVC in 3 and miscellaneous anomalies in 6 cass.

**122**
**T: Non invasive methods for assessment of shunt size in children with atrial septal defect.**

A: Gala, O.; Galal, I.
S: ESC- 15th AM
D: 2/88
A: 60 children suffering from atrial septal defect (ASD II) were examined prospectively by clinical methods, ECG, chest x-ray, M-mode and 2D-echocardiography.
A cumulative score if these five non invasive diagnostic procedures is compared with the left-to-right shunt volume as determined oxymetrically by heart catheterization. This score allows a reliable separation of those patients with no shunt or insignificant shunts from those with significant shunts by non invasive methods.

**123**
**T: Cardiac arrest after myocardial infarction, incidence and results of resuscitation.**
A: A. Tawfik, M.M. Gomaa, D. Abu Shokka, M. Motaweh, M.A. Abdou.
S: ESC- 15th AM
D: 2/88
A: 345 patients admitted to "Agouza Coronary Care Unit" with myocardial infarctions during the period of study from Nov. 1979 to Dec. 1985. They included 294 males and 51 females. Their age ranged between 32 to 76 years. 46% had anterior wall M.I., 29% had inferior wall M.I., 3% had subendocardial infarctions and 22% had multiple infarctions.
The incidence of arrest after A.M.I. as well as the outcome of arrest were studied. The different paramters that could have influenced the outcome were also studied e.g. site of infarction, associated arrhythmias, conduction defects, number of shocks given or other pharmacological measures done.

**124**
**T: Prevalence of silent myocardial ischemia in patients with ischemic heart disease**
A: Ekram S.; Warda, M.
S: ESC- 15th AM
D: 2/88
A: Anginal pain is the symptom that most often causes patients with ischemic heart disease to seek medical advice. Recent evidence indicates that there is a large population of asymptomatic persons with silent muocardial ischemia who are at risk of sudden death. The pevalence of asymptomatic ischemic episodes in patients with ischemic heart disease (IHD) were evaluated by holter monitoring. Our results have shown that about 80% of patients with angina have frequent episodes of silent myocardial ischemia in addition to their symptomatic episodes. Silent episodes may occure three times more frequently than symptomatic episodes. In patients who have had muocardial infarction about 50% of the studied group have asymptomatic episodes of myocardial ischemic.

**125**
**T: Electrocardigraphic infarction pattern in rheumatic heart disease.Clinical, vector cardiographic, and angiographic correlates.**
A: Saad A. Farrag, Sherif El-Tobgi, Yehia Saad.
S: ESC- 15th AM
D: 2/88
A: Possible causes of Q wave myocardial infarction (MI) in ECG of pts with rehumatic heart disease include: ventricular hypetropy, muocardial fibrosis, coronary arterial embolism, or coronary atheroscelrosis. We investigated this finding in 17 pts age 29.9 $\pm$ 13.4

yrs, 13 M/4 F, using vectorcardiography (vector) (13 pts), catheterization (15 pts), and 2D-echo in all. Based on the left ventricular angiogram we classified pts into: GPI, 6 pts with normal LV wall motion; GPII, 6 pts with global impairment of contractility (diffuse myocardial fibrosis); GPIII, 5 pts. who had segmental abnormality consistent with localized scar. In GPI, MI pattern was anterior (1), anteroseptal (2) and anterolateral (3).

**126**

**T: Myocardial ischamia & infarction in absence of obstructive coronary atherosclerosis.**

A: Wael El Naggar, Sherif El-tobgy, Sherif Mokhtar, Galal El Said, Yehia Saad.

S: ESC- 15th AM

D: 2/88D:

A:In the period from 1983-1987 we encountered 9 pts. at catheterization (cath) who presented with typical chest pain plus other diagnostic evidence of myocardial ischaemia in the absence of obstructive coronary atherosclerosis. All were males, age rnge 18-48 years, and 6 were below age 40. All had recurrent prolonged (7 pts) or brief (2 pts) episodes of substernal pain that required admission to CCU in 7 pts. EGC injury pattern was observed in 4, and pathologic Q wave in 2, but the ECG was normal at the time of cath. in 7 pts. Cardiac enzymes were measured in 6 and found elevated in 3. Stress test was peformed in 4 patients, it was positive in 1, negative in 1, and equivocal in 2. All had cath. and 5 pts had ergnovin test. Three groups were recognized: GPI 4 pts with normal coronary arteries and normal left ventricle, one pt had spasm of the right coronary artery. GP II 4 pts who had atherosclerotic plaques causing 20-30% narrowing of proximal left anterior descending (LAD) and a normal venticulogram. GP III one pt with myocardial bridge of LAD and a large anterior infarction.

**127**

**T: Platelets and Megakaryocytes in coronary sudden death.**

A: Samir Sayed, Kishk, Y.T., D. Slater, Martin, J. and Kholeif, A.A.

S: ESC- 15th AM

D: 2/88

A: Platelets are involved in the production of atheroma and arterial occlusion. Postmortem specimens from two groups of consecutive subjects were stidied. The first group was 10 men who had suffered coronary sudden death (CSD group) and the second one was II consecutive men who had suffered non coronary sudden death (NCD groups). The mean maximum coronary artery stenosis of CSD group was 90 ± 1.8% compared with that of 36.4 ± 7% of NCD group. Bone marrow autopsies were done within 2 hours of death in all subjects.

**128**

**T: Value of early post-myocardial infarction stress testing in detection of multivessel disease and variable ischaemic myocardium**

A: Habib, G.R., El-Tobgy, S.F., Mokhtar, M.S. and Saad, Y.M.

S: ESC- 15th AM

D: 2/88

A: Stress testing early after myocardial infarction (M.I.) was found to be of value in determining patients' prognosis and need for aggressive management. We studied 30 patients, all males, mean age 43 years. All were subjectred to (I) Submaximal treadmill testing (Naughton's protocol, target H.R. 140 beats/min.) 4 weeks after M.I. (early). (2) Maximal treadmill testing (Bruce protocol, 90% of age predicted max. H.R.) at 3 months post M.I.

(late). (3) Coronary arteriography.

**129**
**T: Clinical experience with a new myocardial perfusion imaging agent; Tc-99m Mibi (Dupont RP-30)**
**A**: Mofid N. Khalil, Peter J.B. Hubner
**S**: ESC- 15th AM
**D**: 2/88
**A**: Technetium (Tc-99m) is less expensive and has a mor favourable energy emission for imaging with a gamma camera than thallium (TI-201). We have studied, as part of a multicenter clinical trial, a new myocardial imaging agent, Tc-99m methoxy isobytyl isonitile (MIBI) in 18 patients 8 with myocardial infarction (MI) and 10 with stable angina due to angiogrphically proven coronary artery disease (CAD).

**130**
**T: Necessity of long term follow up in children with mucocutaneous lymph node syndrome.**
**A**: Galal O., Neudrof U., Galal I.
**S**: ESC- 15th AM
**D**: 2/88**A**: Since the first description in 1967 the mucocutaneous lymph node syndrome (Kawasaki-disease) has been of great interest because it was found out that mor than 60% of affected chuildren have cardiovascular complications. The mortality rate due to aneuysms of coronary arteries with rupture, thrombosis and infarction is 1 to 2%. In the last few years some reports were suggestive that some cases of atypical infarcions in adolecents is due to Kawasaki-disease in childhood.

**131**
**T: Surgery of tetralogy of fallot during the last two years in the Egyptian Heart Insitute of Imbaba, Cairo Egypt.**
**A**: Mohamed Ahmed Nasr, Maher Shoeir; Ahmed Reda Nasr; Loffi I ,Sherif Abdel Hadi; Medhat El Gammal; Ibrahim Haggag; Ikram Massoud; Mohamed Hamed and Hassouna Sabaa.
**S**: ESC- 15th AM
**D**: 2/88:
**A**: From May 1985 to May 1987, 139 cases of Tetralogy of Fallot were operated in the Imbaba Heart Institute, Cairo, Egypt.
48 cases had undergone a palliative procedure of a Blalock-Taussig type while 91 cases had total correction procedure. Concerning the palliative procedure, better results were obtained in severely cyanotic patients weighing 10 to 15 kgr and aged 3-4. The majority of these cases were considered as high operative risk patients for total correction (pump problem or difficult anatomical type).

**132**
**T: Coronary artery bypass surgery in the Heart Institute, Imama, Cairo, Egypt**
**A**: Ahmed Reda Nasr, Mohamed Ahmed (Nasr); Medhat El-Gammal; Adel Imam;' Ibrahim Haggag; Lotfi Issa; Sherif Abdelhadi; D. Abou Shady, Mansour Aziz and Maher Shoeir.
**S**: ESC- 15th AM
**D**: 2/88
**A**: In view of the varity of patients referred to the surgeons of the institute for coronary artery bypass surgery, 63 patients had undergone CABG by the team of the institute. Pts op-

erated by foreign sugeons were excluded from this study.

**133**
**T: The health insurance organization cardiac surgery in the last three years**
A: Gamal A. Shawky , Sameh Kh. Ahmed, Mohamed F. Baddran, Nabil A. Darweesh
S: ESC- 15th AM
D: 2/88
A: The cardiac committee has started its activity in October 1984 to organize the activity of cardiology departments and start an open heart programme financed by the Egyptian health insurance organization.
During the last three years about 900 cardiac patients have undergone cardiac catheterization by several cardilogists, including patients with rheumatic, ischemic as well as congenital heart diseases.

**134**
**T: Effect of mitral and tricuspid valve surgery on severe pulmonary hypertension and left ventricular function.**
A: Maher Shoeir, Mohamed Ahmed Nasr, Ahmed Reda Nasr, Gamal Aboul-Nasr, Abdel Hadi; Medhat El Gammal; Ibrahim Haggag and Hassouna Sabaa.
S: ESC- 15th AM
D: 2/88:
A: Out of 456 cases of mitral valve replacement which has been done in our Heart Institute between Feb 1984 and Feb. 1987, 87 cases presented with clnical symptoms, Doppler study and catheter data of severe pulmonary hypertension and tricuspid incompetence.
Pre-operative open heart investigations revealed inverted A/G ratio; a level of 20% above normal liver enzymes SGPT, SGOT and alkaline phosphatase; High ESR but normal anti-streptolysin O Titre and C reactive protein; bulirubin 1.8 to 2.6.

**135**
**T: Palliative systemic to pulmoanry shunts using expanded plytetrafluoroethylene (Core-Tex) grafts.**
A: Ayman Shoeb, T. Zaghloul, E. Moustafa, M. Tantawy, M. Bassiony, A.K. Sarwat
S: ESC- 15th AM
D: 2/88
A: Between Dec. 1981 and Dec. 1987, thirty -four palliative shunt procedures were performed at Ain-Shams University hospitals using (Core-Tex) grafts. The operations were performed to palliate severe cyanosis and spells in infants and children for whom total correcion was either too risky or not available. They include (24) patients with Fallot's tetralogy, pulmonary atresia (5), Tricuspid atresia (3) and (2) patients with transposition of grat arteries.

**136**
**T: Tricuspid valve; A surgical challenge**
A: T. Zaghloul , A. Shoeb, M. El Saegh, M.A. Ali, M. Bassioni, A. Sarwat, M. El-Fiki, I. Sallam, and H. El-Sayed.
S: ESC- 15th AM
D: 2/88
A: The 10 years experience of Ain Shams University in tricuspid valve surgery (165 cases) was reviewed with a special reference to the techniques used (annular plication, kay's repair, replacement, commissurotomy, and excision only), and analysis of the cases to prove that

the tricuspid valve is of a more than academic interest.

137

**T: Tricuspid annuloplasty versus conservative management of rheumatic tricuspid incompetence.**

A: El-Sayed K. Akl, Mostafa M. Radwan, M. Magdy Gomaa, Samir Abd Allah, Mohamed Abou El-Ezz, Mohamed El-Ashkar, Hussein Gaafar, Gamal Abou Senna.
S: ESC- 15th AM
D: 2/88
A: Fifty five patients having rheumatic tricuspid incompetence were operated upon for concomitatnt mitral valve disease from March 1981 to March 1987. Final assessment of the tricuspid valve was done by finger palpation prior to bypass.

Thirty eight patients were evaluated to have moderate to severe tricuspid incomptence (Group A). They had tricuspid valve annuloplasty. De vega semi-circular annuloplasty was performed for the majority of them (5 patients) while original carpenteir ring was inserted in three. Seventeen patient (Group B) were evaluated to have mild to moderate T.I. were conservatively managed. Follow up of both groups for periods ranging from 6 m to 6 Y showed significant improvement in grooup A. It was concluded that tricuspid valve repair is indicatd for any patient with any degree of T.I. felt at opeation.

138

**T: Intrapleural analgesia in the management of post-thoracotomy pain.**

A: El-Mahmoudy, S.M.
S: ESC- 15th AM
D: 2/88
A: Management of post-thoractomy pain by intermittent instillment of local anaesthetic into the pleural cavity through an indwelling intrapleural catheter has been sutidied. The technique has been used in 35 patients; 24 patients had undergone closed mitral valvotomy, 5 had resection of mediastinal tumours, 3 had excision of rib tumours, 2 had repair of aortic coarctation and one case undergone pneumonectomy.

139

**T: Pilot experience in heart transplanatation dogs.**

A: Mohamed Ahmed
S: ESC- 15th AM
D: 2/88
A: Heart transplantation is not a one center job. It is a team work in need for collaboration of all centers in Egypt. Low regulation and planning for heart transplantation in Egypt are proposed for discussion.

140

**T: Surgical closure of normal and abnormal P.D.A. at Maadi Armed Forces Hospital.**

A: Ahmed Magdi, Mohamed Hamed, Emil Sadek, Mohamed Badr, Mohamed El-Dib, El-Houssini Gamil, Mohamed El-Ameer, Waheed Osman, Fayez Helmi, Ahmed Abdulla and Ahmed El-Koshairy.
S: ESC- 15th AM
D: 2/88:
A: 43 patient with typical P.D.A. were colsed through left thoractomy (Closed technique). 41 of them were closed by double ligature and transfixion in between and the remaining 2

by transection and suturing.

**141**

**T: Prevention of reperfusion injury and prolonged myocardial recovery following global ischemia or coronary artery occlusion by modulating adenosine metabolism and transport.**

A: Anwar S. Abd-El Fattah, Michael E. Hesen, Scott A. Hanna, Gert E. Tuchy, Rick P. Maddox, Andrew S. Wechster.

S: ESC- 15th AM

D: 2/88:

A: Two experiments were performed. In the first experiment, twenty one adult dogs instrumented to measure left ventricular dimensions and intraventricular pressure underwent 30 minutes of normothermic global ischemia and 60 minutes of reprefusion.
In the second experiment, fourteen dogs were instrumented to measure left ventricular function anteriorly and posteriorly. The left anterior descending (LAD) coronary artery was occluded for 10 minutes followed by reprefusion for 60 minutes.

**142**

**T: Subclavian pulmonary arteries shunts with a microporous polytetrafluoroethylene graft (PTFE): 162 Cases.**

A: C. Planche, I. Abdel Meguid, F. Lacour-Gayet, P. Chambran,, J. Bruniaux, J.P. Binet.

S: ESC- 15th AM

D: 2/88

A: 245 patients with various types of cyanotic congenital heart disease underwent subclavian artery-pulmonary artery shunt with a microporous PTFE graft between the first January 1981 and 31 October 1987.162 of them (89 males and 74 females) were less than 1 year old. The preoperative diagnosis were tetralogy of Fallot in 65 cases, pulmonary atresia with intact septum in 19, tricuspid atresia in 21, transposition of gerat vessels in 13 and double outlet right ventricle in 14.

**143**

**T: Assessment of myocardial contractility using the systolic pressure/ volume relation determined by nuclear cardiology techniques: The effect of oral milrinone.**

A: El-Ashmawy H.M.; Adams K.F.; Abdel-Fattah M.M.

S: ESC- 15th AM

D: 2/88

A: To investigate the chronic cardiac inotropic effects of the bipyridine Milrinone (Mil), was studied left ventricular (LV) pressure/volume relationships (P/V) in 8 patients (pts) with heart failure not due to valvular heart disease who had been receiving Mil for a mean of 6 months. Baseline P/V was determined 6 to 8 hours after last oral dose of Mil and repeated 69 to 90 minutes after oral ingestion of 12.5 mg of Mil. LV end systolic volume (LVESV) was determined from equilibrium redionuclide ventriculography by the counts based volume method. Aortic pressure was estimated by oscillometric measurement of brachial artery pressure.

**144**

**T: A possible role of atrial natriuretic peptide in angiotensin II.aldosterone relationship in cardiac failure.**

A: Samir Sayed, J. Cleland and J.I.S., Robertson.

S: ESC- 15th AM

D: 2/88
A: In normal volunteers sodium (Na) depletion enhances the aldosterone (aldo) response to administered angiotensin II (A II) while Na loading conversly depresses it. Many people have stated that the aldo relationship to A II appears depressed in heart failure (HF). Atrial natriuretic peptide (ANP) certainly in vitro and perhaps in vivo depresses the aldo response variously to A II.

**145**
**T: Antipulmonary artery antibodies in bilharzial pulmonary hypertension. New facts about an old problem.**
A: Sanaa Abd El-Sahdi, Sherif Mokhtar, Mervat El-Ansary, and Nawal Afifi.
S: ESC- 15th AM
D: 2/88
A: In continuing search for the intriguing problem of the pathogenesis of Bilharzial pulmonary hypertension (B PH), sera of 30 patients (pts) 24 male) were subjected to indirect fluorescent technique for autoantibody detection looking for the non specific antismooth muscle Ab (ASMA), antinuclear Ab (ANA), antimitochondrial Ab (AMA) and antiparietal cell Ab (APCA). Those pts with positive ASMA were further studied specifically for the persence of Ab against the pulmonary artery.

**146**
**T: Pharmacological versus non-pharmacological therapy for sudden cardiac death survivors: Role of electrophysiological study.**
A: Ashraf El Salakany. Ali Ahmed Ibrahim. Hassan Ezz El Din Attia, Mamdouh El Ashry
S: ESC- 15th AM
D: 2/88
A: The choice of the optimum therapy for the survivors of sudden cardiac death (SCD) is of great importance due to high mortality in the first year. 22 patients (pts) (18 males and 4 females) presented with SCD not associated with acute myocardial infarction (MI), went into serial electrophysilogical studies (EPS) for induction of ventricular arrhythmias (VA) and acute drug testing when needed. Of the 22 pts, 18 had coronary artery disease (CAD) (17 had previous MI), 2 had congestive cardiomyopathy, and 2 had pre-excitation (WPW).

**147**
**T: Streptockinase in acute myocardial infarction; early coronary recanalization.**
A: Ahmed Rozza, Abdu, E.A. El Sawy, M.A. El-Ashkar, C.H. Hamm, D.G. Mathey, W.H. Bleifeld.
S: ESC- 15th AM
D: 2/88
A: Acute myocardial infarction is caused in the majority of cases by an acute thrombus superimposed to an arteriosclerotic lesion. Accordingly thrombolytic agents have been used. The ultimate goal of the early reperfusion of the coronaries is to salvage jeopadized myocardium. Intra-coronary infusion for 24 pts. (Group A), and intravenous for 52 pts (group B) within the first 3 hours of the acute event. The initial application of 200.000 U, followed by 4000 U/min to a max. of 500.000 U > lead to a success rate of 97% (66 pts). The time up to successful recanalized LAD was 34 + 6 min. (35 pts), RCA 35+4 min (27 pts), and LCx 42+7 min. (14 pts).

**148**
**T: Serum lipids and apoproteins in offspring of young coronary artery**

**disease patients.**
A: Mai Salama, Mamdooh Ward, Adel Zaki, Ekram Sadek, Thoria Badawi
S: ESC- 15th AM
D: 2/88
A: Twenty eight offsprings of patients with myocardial infarction before the age of 50 were evaluated for CAd. Different serum lipids and apoproteins were measured for a possible early detection of CAD risk factor.Cases were divided into two groups; group I (4-15 years) and II (15-39 years) as matched to control.

**149**
**T: Relationship between serum estradiol in men and coronary heart disease**
A:Ekram S.; Ebaa, El-Hagras, M. and WAfy, A. El-Shiekh, EK., Geith, F. and Sokkar, S.
S: ESC- 15th AM
D: 2/88:
A: Serum estradiol level was assessed in 50 men, included: 20 patients with acute myocardial infarction (10 were diabetic and the other 10 without evidence of diabetes mellitus); 10 patients with angina; 10 man with cardiac neurosis and 10 healthy control subjects, ages ranged from 35 to 60 years old. Serum estradiol levels were significantly elevated in the group of myocardial infarction with more rising in the diabetic patients; also there was a significant increase in the group of cardiac neurosis without evidence of coronary heart disease. Therefore, there is a possibility that hyperestrogenemia may be a riskfactor and it may be responsible in a part for incidence of coronary heart disease in men.

**150**
**T: Study of sinus node function in patients with bilharzial cor pulmoanle.**
A: Abdel Aziz Abou Zeina, Moustapha Nawar, Salah El Tahan
S: ESC- 15th AM
D: 2/88:
A: Sinus node functions were evaluated in 25 male patients divided into 3 groups: ten patients with evidenced bilharzial cor pulmonale, another ten patients with schistosomisis withour cardiac affection four patients of each group showed active bilharzial infestation and five patients with niether evidence of schistosmisis nor cor pulmonale. (Causes other than bilharzial cor pulmonale were excluded in these patients).

**151**
**T: The arrhythmogenic effect of diuretic induced hypokalemia in hypertensive patients, with or without left ventricular hypertrophy.**
S: ESC- 15th AM
D: 2/88
A: The arrhythmogenic properity of diuretic induced hypokalemia in hypertensive patients continues to be surrounded by controversy, It is not only unproven but also seriously challanged. In this study, we examined the effects of short term (2-8 weeks) chlorthalidone and the induced hypokalemia in the ectopic ventricular activity in ten hypertensive patients. The mean age was $37.7 \pm 5.96$ years (mean $\pm$ SD).

There was one female and nine males. The mean SBP was 172 + 18.1 mmHg and the DBP was $115 \pm 7.1$ mmHg. We used the 24 hour Holter monitoring and the treadmill exercise testing to evaluate cardiac arrhythmias. We aslo estimated the level of serum magnesium in all patients.

**152**
**T: Post-operative Dysrhythmias after intracardiac repair of tetrology of fallot.**
**A:** Mohamed Khairy Abdel Dayem, Omar Salah Awwad and Sameh Mohamed Shahin.
**S:** ESC- 15th AM
**D:** 2/88:
**A:**The nature and prevalance of conduction defects and arrhythmias both before and after surgical correction of tetralogy of fallot (TOF) were studied in 35 patients using resting 12-lead ECG an ambulatory 24-h. ECG monitoring.

Twenty patients (aged 3 months to 32 years) had not yet undergone repair (Group I) and 15 others (aged 5.5 to 16 years) were studied 6 months to 3 years after surgical repair (Group II). None of the patients in Group I showed signficant conduction defects or ventricular arrhythmias (VA). In group II complete RBBB occurred in 80%, bifascicular block in 6.6%, complete AV block in 13.3% and significant VA in 33.3% of patients. Significant VA as related to higher age at operation and longer interval after surgery. Thus, patients with TOF should be operated upon within the first few years of life and ambilatory 24-h. ECG monitoring should be included in their postoperative assessment.

**153**
**T: Reentry Via A-V Bypass tractis, electrophysiologic localisation.**
**A:** Hassan Kahled Nagi, Sherif Mokhtar, Yehia Saad
**S:** ESC- 15th AM
**D:** 2/88
**A:** This study describes the electrophysilogic (EP) characteristics of 25 patients (19 M, 6F, mean age 25 Y) with supraventricular tachycardias (SVT) using an atrioventricular bypass tract (AV-BT). Of the 25 pts studied, 20 presented with orthodromic SVT, 5 had their first presentation as AF with preexcited complexes, and all were significantly symptomatic particularyly the latter group. Eight pts-had normal ECG implying reentry via a concealed Av-BT.

**154**
**T: Comparative assessment of six different rate responsive pacemarkers.**
**A:** Chy-pak Lau, Ghazwan Butrous, David Ward, John Camm,.
**S:** ESC- 15th AM
**D:** 2/88
**A:** An ideal rate responsive pacemaker (RRP) is characterized by a rate reponse with appropriate speed and propotionality to workload. Reliability and simplicity are also important considerations. We have evluated 6 different RRP in 41 patients (Pts) with a mean age of 60±8 (Mean ± SEM) years. All were programmed to attain a pacing rate of about 100 bpm at the end of Stage I of the Bruce protocol.

**155**
**T: Echo-doppler comparison of acute effects of preload and after load reducing agents on mitral incompetence.**
**A:** Mostafa Derbala, Adel Zaki, Hussin Rizk
**S:** ESC- 15th AM
**D:** 2/88
**A:** Preload and afterload reducing agents were described to improve left ventricular function

and increase forward cardiac output at expense of regugitant fraction in patients with mitral regurgitations.

156

**T: Echocardiographic assessment of cardiac structures and functions in hypertensive subjects.**

A: Ismail A.A., Abdel Aziz T., El Ashkar M.A., and Rozza A., Radwan. Y.; M., M.A., Abdou.

S: ESC- 15th AM

D: 2/88

A: Thirty one hypertensive patient were classified according to their diastolic blood pressure (DBp) into 3 groups, (Group A) of 13 patient, their (DBp) from 90 to 100 mmHg (Group B) of 8 patients, with (DBp) > 110 mmHg.Clinical examination, x-ray, ECG and echocardiography were performed to all groups plus ten control subjects.

All patients had neither cardiac lesion, nor other systemic disease, they stopped their medications three days prior to the exmination. Left ventricular systolic functions were normal in all patients, while left ventricular hypertrophy indices were obvious in them, which related to the duration rather than severity of hypertension. However, left ventricular diastolic funtions were impaired in all groups and also related to the duration of hypertension. Aortic root dilatation was noticed in all patients.Asymmetrical septal hypertrophy as well as left atrial enlargement were uncommon findings.

157

**T: Non-Invasive estimation of systolic pulmonary artery pressure.**

A: Magdy Roshdy, Sameh Zaghloul, Ibrahim M., and Saad Y.

S: ESC- 15th AM

D: 2/88

A: Different non-invasive indices derived from echo Doppler were used to estimate pulmonary artery pressure (PAP). The relative accuracy and sensitivity of these indices were not investigated in a large number of patients. In this study, 53 patients with different degree of pulmonary hypertension, 26 male and 27 female with an age range of 11-62 years.

158

**T: Correlation between electrocardiographic Q wave of myocardial infarction and 2D echo cardiographic segmental wall motion abnormalities.**

A: Amal Khalifa, Hussein Rizk, M. Mohsen Ibrahim

S: ESC- 15th AM

D: 2/88

A: Regional wall motion abnormalities are important index of coronary artery disease. The characteristic association between regional muyocardial blood flow and muscular function permits segmental contraction abnormalities to be used as sensitive marker of the underlying ischaemia and/or infarction.

However, their correlation between electrocardiographic findings were not adequately studied. In the present study we examined 56 patients with Q wave myocardial infarction 1-2 m following infarction. Standard 12 leads ECG was done an Q wave number and site were determined.2-D echocardiogram was done to determine regional wall motion abnormalities (RWMA).A "wall motion index" that reflects the overall function of the ventricle was given through analysing the wall motion abnormalities via the segmental echocardiographic approach which divides the ventricle into a numbner of roughly equal segments whose mar-

gins were defined relative to fixed anatomic land marks.

**159**

**T: Echo/Doppler study of tricuspid valve involvement in chronic rheumatic heart disease.**

A: Salwa M. Gunidy, Adel M. Zaki and M. Mohsen Ibrahim

S: ESC- 15th AM

D: 2/88:

A: Tricuspid involvement in rheumatic heart disease may influence the management and prognosis of patients with otehr valvular lesion. During the period from 1/1/1987 till 31/8/1987, 550 patients were diagnosed as having rheumatic valvular heart disease in our lab. 2D diagnosis of Tricuspid leaflet doming, thickening and motion restriction, was demonstrated in 59 patients (10.7%) in contrast to 21 normal subjects taken as control.

Tricuspid anterior leaflet systlic prolapse was found in 17% of the patients. In all cases the mean right atrial longuitudinal and transverse diameters were increased. Mean tricuspid valve anular diamter was 3.3+0.6, while it was 2.3+0.4in the control group. Mean cusp separation to anular diamter ratio was 0.45 + 0.2 and 1 + 1.13 in controls. Doppler flow patterns could be classified into 4 types different than normal. Respiratory effect was found to be minimal in presence of high gradients.Tricuspid valve doming was seen without gradient in 10 patients (17%).

**160**

**T: Effect of acute volume loading on diastolic function in hyperterophic cardiomyopaty an echocardiographic study.**

A: Amani Ashour, Sherif El-Tobgi, Sameh Zaghlool and Mohssen Ibrahim

S: ESC- 15th AM

D: 2/88

A: In order to evaluate diastolic function in hypertropic cardiomyopathy (HCM), we measured M-mode and pulsed doppler parameters in II pts, age 47 $\pm$ 13 and 6 normal subjects, age 42 $\pm$ 12 years, p N.S. The following parameters were measured before and after volume loading with rapid I.V. infusion of slaine within 10 minutes: Isovolumeteric relaxation time (IVRT), E.A ratio, deceleration (Dec cm/sec$^2$), and peak filling rate (PFR cm/sec).

Resting measurements of diastolic functions were not significantly different in HCM pts and normal subjects: IVRT 52$\pm$20 Vs. 32 $\pm$ 16 msec., E/A 0.96 $\pm$ 0.32 Vs. 1.12 $\pm$ 0.5, Dec. 305 $\pm$ 134 Vs. 256 $\pm$ 141 cm/sec$^2$, and PER 543 $\pm$ 333 Vs. 367 $\pm$ 149 cm/sec. respectively.

**161**

**T: Alterations in aortic blood flow and left ventricular ejection dynamics in mitral before and after mitral commissurotomy**

A: Gamal Aboul Nasr, M. Ibrahim, and Hassouna Sabaa.

S: ESC- 15th AM

D: 2/88

A: Abnormalities in left ventricular (LV) filling pattern is well known in mitral stenosis (MS). However, the effect of these abnormalities on aortic blood flow, and the pattern of LV ejection is not clearly understood.The present study consists of 17 patients (pts), having isolated MS, with a mean age of 23.7 patients (pts), having isolated MS, with a mean age of 23.7 years, and 21 age matched normal controls (C). Resting maximum and mean dia-

stolic pressure gradients (PG), and the mitral valve area (MVA), calculated by pressure half time was measured both pre-and postoperatively.

162
**T: Echocardiographic evaluation of cardiac dimensions and output during normal pregnancy.**
A: E. El-Hefny, E. El-Sawy, Y. El-Messelawy, A. El-Sirafy, M. El-Sayed, M.A. Abdou and M. Gomaa
S: ESC- 15th AM
D: 2/88:
A: Pregnancy is known to be associated with hypervolaemia, and the changes that occur in cardiac dimensions and function can be evaluated using the echocardiography.

In this work 56 normal pregnant ladies were exmined at different stages of pregnancy, they were divided into three group according to gestational age:
Group A (8-12 ws) 10 ladies.
Group B (13-24 ws) 20 ladies.
Group C (25-40 ws) 26 ladies.
Each case was studied both in the supine and left lateral positions using echo. to evaluate left ventricular dimensions measured at a plane just below mitral valve leaflets guided by 2-D cho. Cardiac output and index were calculated by Pombo formula and left verticular indices were measured

163
**T: Second generation of thrombolytic therapy**
A: Mohamed El Gawady, M. Lotfi Shahwan and Mohamed A. Mostafa
S: NEJM
D: 3/88
A: The development of thrombolutic therapy and its usage in the management of many conditions had led to a detailed study of its characters aiming to improve and renew the effects of thrombolytics and minimize its probable side effects.

164
**T: Insulin and thyroid hormone levels in acute myocardial infarction**
A: Taher I. El Serfafi, Fathalla M. Hassan, Hosni M. El-Rawady, Mohamed I. Sheir and I. Abdelfattah.
S: NEJM
D: 3/88
A: The serum levels of insulin and thyroid hormones : thyroxine: $T_4$ and thriiodothyronine: $T_3$ and thryroid simulating hormone TSH) were estimated in 30 non-diabetic male patients with different varieties of heart disease in addition to their respective control group (10 males). Serum level of creatinine phosphokinase (CK) was estimated in patients suffering from acute myocardial infarction (AMI) (during the first 24 hours and 21 day after the onset of the attack). Serum glucose level was also estimated to exclude diabetic patients.

The results indicated that insulin levels were significantly increased in patients suffering from acute myocardial infarction during the first 24 hours ($P < 0.05$) after which it began to decrease without reaching the base line. Serum $T_3$ was found significantly decreased ($P<0.05$) while TSH and $T_4$ were significantly icnreased ($P<0.05$) during the first 24 hours after the attack, then returned to normal.

**165**
**T: Study of serum lipid profile in rehumatic health disease.**
**A:** A.Abu Hashem, S.El Esh, M. Hassanein,A. Frere, T.Hassan, M.El Nimr,E. El Hady, and M.L, Shahwan.
**S:** NEJM
**D:** 3/88
**A:** This work is designed to study the changes in various serum lipids in rheumatic heart disease (RHD) in comparison to cross-matched controls of the same socio-economic and nutritional standard. The study was conducted on 70 subjectes; 30 normal (aging from 10-42 years) and 40 with RHD (aging from 9 - 45 years). Serum total cholesterol (TC), high density lipoprotein-cholestrol (HDL-C), low density lipoprotein-cholesterol (LDL-C), Triglycerides (GL) and phospholipid (PL) were enzymatically determined.

All serum lipids were lower in RHD compared to control although, statistcally significant ($P<0.01$) for HDL-C and PL, yet insignificant ($P<0.05$) for others. In control group, all serum lipids showed proportionate increase with aging. Wheras in RHD, this relations lip was lost. Similar changes were found as for both RHD and control. Singicant decrement in HDL-C was observed in RHD, that may suggest their susceptility to atherosclcroisis. Rheumatic acitvity and sex did not affect the pattern of serum lipids, while right-sided heart failure resulted in statistically significant decrease ($P<0.01$) in HDL-C.Type of valve disease (mitral, aortic or combined) did not significantly affect various serum lipids.It can be concluded that there is a definite relationship between serum lipds specifically PL and RHD, whether this might be due to an in born metablic error as a resultant of RHD remains to be clarified.

**166**
**T: Echocardiographic study of the heart in normal pregnancy and the postpartum period.**
**A:** N. Younis, A. Foad Hamad, G. El Masry, M. Sultan, G. Fawzi, Mohamed Adel and Moustafa Sayed.
**S:** MGCU
**D:** 3/88
**A:** The study comprised 104 women in 5 groups; group I: 20 nonpregnant women (control cases), group II: 20 pregnant women in the first trimester, group III: 20 pregnant women in the second timester, group IV: 28 pregnant women in the third trimester, and group V: 16 women in the early postpartum period. All cases were subjected to M-mode echocardigraphic examination in the supine recumbent position. Left ventricular size and performance were determined. It was found that the stroke volume and cardiac output were significantly increased as early as the first trimeters of left ventricular performance, including the ejection fraction and percentage of fractinal shortening, were also significantly increased. The paramters of left ventricular size were significantly increased, starting from the first trimester of pregnancy. All the above-mentioned changes declined in the early postpartum period.

**167**
**T:A correlative study of plasma digoxin level and some electrolytes in patients with heart failure.**
**A:** N. Sherif, A. El Saifi, and Hesham Mourad
**S:** MJCU
**D:** 3/88
**A:** Thirty patients (20 non toxic and 10 toxic) from Kasr El Aini and Boulak El Dakrour

hospitals were chosen to study the serum digoxin level, blood pH, serum sodium and potta-sium as well as ionised calcium. Clinical and laboratory data were correlatd with the ECG pattern of each patient.

**168**

**T: Red cell deformability in the post myocardial infarction angina**

**A:** M. Hassanein, S. Elesh, Abdalla Abu-Hashem, S. Ayad, T. Hassan, A. Fatah, Ferere, M. Zanaty, M. Wafai and T. Abd El Monem.

**S:** NEJM

**D:** 3/88

**A:** Chemical and hoemorheological study including serum cholesterol, trighlyceride, uricac-id, Fasting blood sugar, red cell deformability, blood viscosity and hoematocrit value were carried out on 45 cases. They were classified into control group (15 patients), healed infarc-tion group (15 patients) and post infarction group (15 patients).

In post-myocardial infarction angina group, the serum triglyceride, red cell flow time, and blood viscosity showed highly significant increase when compard to control group ($P<0.05$, $P<0.001$, $P< 0.001$ respectively) and also when compared to healed myocardial infarction group ($P < 0.05$, $P<0.001$) for red cell flow time and blood viscosity respective-ly. The study suggests that imparied red cell defomability could be considered as a patho-genomonic mechnism contributing to the development of post-myocardial infarction angi-na.

**169**

**T: Relation Between PEP/LVET as a Simple Index of Left Ventricular Performance and the Ejection Fraction in Patients with chronic Rheumat-ic Aortic Regurgitation**

**S:** NEJM

**D:** 3/88

**A:** The present study included 3 groups. Group I represented 19 normal control subjects. 26 patients with free or predominant chronic rheumatic aortic regurgitaiton (AR) were divid-ed into 2 grups owing to their functional class according to modified New York Heart Asso-ciation Classification (NYHA). Group 2 included 15 patients with functional class > IIb (NYHA) with symptoms and signs of poor left ventricular function.

Systolic time intervals(STIS)-including the ratio PEP/LVET were compared to the echocar-diographically and angiographically determined ejection fraction (EF). A statistically sig-nificant difference were found in the EF (both echocardiographic and angiographic) between group 2 and ($P<0.001$). As well; the PEP/LEVET and the EF in all groups studied. The closest correlation was found between PEP/LEVT and the angiographic of (strong inverse linear relationship, $r= 0.85$ in group 2 and $r=0.87$ in group 3). These results validated the use of the ratio PEP/LVET - which is derived from a simple technique - in the follow up of the relatively long course of patients with chronic AR before surgical refferal.

**170**

**T: Assessment of myocardial damage following cardiac surgery, DC cardi-oversion, exercise stress testing by serum creatine kinase (CK) and CK-MB isoenzyme**

**A:** M. Hassnein, M. Bakry, T. Hassan, A. A. Abu Hashem, S. Ayad, A.F. Ferere, W. A. Al-Anein, G.A. Senna and Salwa Ghoneim.

**S:** NEJM

D: 3/88

A: Assessment of serum creatine kinase (CK) and CK-MB isoenzyme was performed in 100 cases divided into 3 groups: Group I (exercise stress testing group), group II (Post DC-cardioversion group) and group III (Cardica surgery group). Our findings indicated that; 1-The exercise induced myocardial ischaemia is not associated with significant CK-MB release from the myocardium. 2- CK-MB as percentage of activity is often unchanged following DC cardioversion indicating that skeletal muscles are the main source of increased total CK activity follwoing DC. 3-The post-cardiac surgery measurement of CK-MB can discriminate patients with and without post operative myocardial infarcton (POMI).

**171**

**T: Effect of pregnancy-induced hypertension (PIH) on cardiac size and performance: An echocardiographic study**

A: N. Younis, A. Foad Hamed, G. El-Masry, M. Sultan, G. Fawzi, M. Adel and Moustafa El Sayed.

S: MJCU

D: 3/88

A: This study comprised 77 patients in 4 groups: group I: 17 cases of PIH in the third trimester of pregnancy, group II: 16 cases of PIH in the postpartum period, group III: 28 cases of normal pregnancy in the third trimeser, and group IV: 16 cases of normal women in the postpartum period. After clinical and laboratory examinations, all were subjected to M-mode echocardiography to determine the cardiac size and performance.

In cases with PIH the sinus rate and the mean arterial blood pressure were significantly higher while the right ventricular dimensions were significantly less than those of the control cases during pregnancy. It was also found that although the stroke volume was significantly decreased in patients with PIH compared with normal cases, the cardiac output was not significantly changed from that of normal cases. In cases with PIH, the ejection fraction and the percentage of fractional shortening were significantly decreased, but two of the parameters of left ventricular size, viz. left ventricular myocardial volume and left ventricular mass, showd a significant incrase compared with those of normal control cases.

**172**

**T: Study of the effect of exposure to carbon monoxide on cardiovascular system.**

A: R. El Gazzar, Y. El-Sadik, F. Abbas and I. Abdel Moneim

S: BHIPH

D: 6/88

K: Carbon Monoxide, cardiovascular system.

A: The aim of the prsent study is to find the CVS effects of CO exposure, especially changes in BP, ECG changes with special emphasis on ischemic changes and other findings suggesting peripheral vascular diseases.

**173**

**T: Left ventricular relaxation abnormalities in atheletes with physiologic cardiac hyperterophy**

A: Ekram S., Wards, M., Lashin, F. and Ebaa.

S: EHJ

D: 6/88

A: Many factors have been suggested as being responsible for abnormal diastolic function

in left ventricular hypertropy due to primary myocardial diseases, valvular aortic stenosis or hypertenion. It is uncertain whether the abnormal left ventricular diastolic functions are a neceassry consequence of the hypertrophic process or relate to the nature of the primary hypertrophic stimulus. So our aim was to study diastolic performance of left ventricle in atheletes with physiological hypertrophy. The study groups consisted of 20 atheletes aged 20-30 years and 20 age matched healthy control subjects. All were free of known cardiovascular diseases. We used high speed M-mode echocardiographic recording of left ventricle simulatneous with phonecardiogram using Irex System I ultrasound module.

**174**
**T: Incidence and echocardigraphic characteristics of mitral valve prolapse in patients with coronary atherosclerotic heart disease.**
**A**: Salwa Roushdy Dimitry.
**S**: EHJ
**D**: 6/88
**A**: The study reviewed 363 patients with coronary atherosclerotic heart disease (CHD) to estimate the incidence of mitral valve proplapse (MVP) in CHD by checocardiography (M-mode and 2-D), and to study the echocardiographic characteristics of this entity of MVP. Out of the total 363, 100 patients had associated mitral regurgitation (MR). MVP was found in 11 patients who had associated MR, predicting an incidence of 11.

**175**
**T: Transcatheter ablation of atrioventricular conduction for refractory supraventricular tachyarrhythmia**
**A**: Nadia M. Selim, Gazwan S. Butrous, David E. Ward and John A. Camm.
**S**: EHJ
**D**: 6/88
**A**: For 40 patients with recurrent disabling supraventricular tachyarrhythmia refractory to multiple drug combinations and or antitachycardia pacemakers transvenous ablation of atrioventricular (AV) conduction, utilising synchronised DC shocks delivered by catheter to the Av node-His bundle was tried.

29 patients received high DC discharges (400 J) or its multiples and to 11 patients small DC doses (40-250 J) were discharged. More positive yield with stable complete heart block was achieved with the high doses shocks.

**176**
**T: Is platelet volume a major risk factor in acute myocardial infarction?**
**A**: Samir Sayed, Y.T. Kishk, J.F. Martin and A.A. Kholeif
**S**: EHJ
**D**: 6/88
**A**: Mean platelet volume (MPV) and platelet count (PC) were measured in 70 patients suffering acute myocardial infarciton (AMI), 55 patients with chronic ishaemic heart disease (CIHD) and 40 healthy control. Platelet volume distribnution was measured by sizing the truly representative population in a resistive particle counter coupled via an analogue to digital convertor to a microcomputer.
MPV was significantly larger ($P < 0.001$) in AMI patients compared with CIHD patients or healthy controls. two subpopulations were observed within the AMI patients, a subgroup with large MPV and low PC (62% of AMI) and another (38% of AMI) which was indistinguishable, with regard to MPV and PC, from the CHID patients.

**177**
**T: Megakaryocyte volume and ploidy in myocardial infarction**
A: Y.T. Kishk, Samir Sayed, J. Martin and A.A. Kholeif
S: EHJ
D: 6/88
A: Bone marrow biopsy was peformed on 13 concecutive subjects (18 $\pm$ 2) days after admission to the coronary carer unit. Seven had suffered a myocardial infarction (MI) while six had chest pain but no recent infarction.

Planimetric nuclear and megakaryocyte areas were measured. The concomitant volumes were computed. The platelet volume (P.V) distributions circulating in the blood at admission and just before were measured. A computer simulation of paltelet production was used to predict the cirulating P.V distribution obtained by binary sequential division of the megakaryocyte cytoplasmic volume (MEG CV) in both groups.

**178**
**T:A proposal for an Evaluation score for assessment of shunt size in children with atrial septal defect**
A: O. Galal, and I. Galal
S: EHJ
D: 6/88
A: 60 children suffering from atrial septal defect were examined prospectively by clincial methods, ECG, chest x-ray, and M-mode and 2D echocardiography. A cumulative socre of these five non-invasive diagnostic procedures is compared with the left-to-right shunt volume as determined oxymetrically by heart catheterizaiton. This score allows a reliable prediction of left-to-right shunt volume by non-invasive methods.

**179**
**T: Clinical evaluation of sustained release hydralazine in the treatment of refractory heart failure.**
A: M. A. Taher, M.B., M.K. Abdel-Dayem
S: EHJ
D: 6/88
A:The effectiveness of sustaine drelease (SR) hydralazine in a dosage of 150 mg b.i.d. was evaluated in 19 patients with refractory heart failure using both subjective and objective clinical parameters for a follow-up period of 3 months.

**180**
**T: Percutaneous balloon pulmonary valvotomy: One year experience and follow-up results**
A: S. M. El-Tobgi, A. Zaki, G.M. El-Said, S.S. Zaghlool, M.M. Ibrahimm, and Y. Saad
S: EHJ
D: 6/88
A: Balloon valvotomy was performed in 30 patients (pts) with valvular pulmonary stenosis (PS), age 1-30 yrs, using double balloon technique in 21 pts and a single balloon in 9. Mean balloon/annulus diameter (B/A) ratio was 1.3 $\pm$ 0.19. Mean systolic gradient fell from 72 $\pm$ 28 to 25 $\pm$ 13 mmHg $\leq$ 0.001. Per cent reduciton in gradient was similar in children (7 $\pm$ 3 yrs) and adults (21 $\pm$ 5 yrs); as well as in cases with gradient $<$ 60 and those with gradient $>$ 60 mmHg.

**181**
**T: Myocardial Bridges, A possible cause of myocardial ischaemia and infarction in some patients**
**A**: K.A. Sorour, M. El Noiemy, H. Rizk, M. El-Refaii, S.El Tobgi and G. El Said
**S**: EHJ
**D**: 6/88
**A**: In a two yar period, 8 patients with isolated significant myocardial bridges (MB) were diagnosed by coronary arteriography in the Cardiac Department, Cairo University Hospitals. They were classified according to the presence or absence of ischaemic manifestations into two groups:
1. MB + ischaemic manifestations (3 patients).
2. Isolated MB, no ishaemic manifestations (5 patients).
Selective coronary arteriography is the only means of diagnosis of this not uncommon condition (3.2% in our series).

**182**
**T: Kawasaki disease in Egypt.**
**A**: M.A.A. Hamed, T.M. Abdel-Aziz, and M. Mohsen Ibrahim.
**S**: EHJ
**D**: 6/88
**A**: Kawasaki disease is an acute inflammatory systemic febrile illness (12) that predominantly affects infants and young children younger than age 5 years (4). It is said to occur in epidemics every few years (2), and takes the form of pesistent fever, muco-cutaneous involvement, cervical adenopathy and an acute angiitis especially of the coronary arteries (3). Ever since its first description by Kawasaki in 1967 (8), 60,000 cases have been found in Japan (4) and many others have been reported elsewhere.

**183**
**T: Study of Occupational Health problems, Cardiovascular Problems. High intsitute of public health, Alexandria University**
**A**: Ragaa El-Gazaar, Yassin M. El Sadik, Fawzeya Abbas and Ismael Abdel Moneim
**S**: BHIPH
**D**: 8/88
**A**: Cardiovascular diseases (CVD) are the greatest medical problem affecting the population of the industrialized nations.There are some evidences that signs of clnical lead poisoning sometimes included toxic action on the heart. Myocardial damage was noted in children dying with lead encephalopathy (Kline, 1960), and in those with lead poisoning before chelation therapy. There are al,so reports of abnormal electrocardiographic (ECG) findings in audlts with the same poisoning. In all those studies, the ECG returned to normal after treatment of lead poisoning.

**184**
**T: Detection of profile scoring system to the early indentification and assessment of severity in pregnancy -induced hypertension.**
**A**: O.B. Osman and H.T. Salem
**S**: NEJM
**D**: 9/88
**A**: A simplified, profile scoring system (P.S.S) using five clinical parameters and seven laboratoy tests is proposed in the pregnant women; followed from the 26th week of gestation till delivary. For each woman, the five clinical paramters are : Roll-over Test

(R.O.T), Mean Arterial blood pressure (M.A.P) fundus examination, patellar reflexes and oedema. The seven laboratory tests are: serum uric acid, serum cretinine, serum albumin, total proteins, in addition to blood urea, platelets count and urine proteins were performed. Each paramtere was tested against prediction of severity and unfavourable pregnancy outcome. Systolic, diastolic, MAP proteinuria and serum uric acid were reliable. Fundus changes, patellar reflexes and blood urea were not reliable. However, serum albumin, serum total protein, creatinine and oedema were reliable in prediction of the severity only. Profile scoring system was effective in assessment of the severity of prgnancy-included hypertension (P.I.H). Each parmater was given the appropriate score and profile scoring system (P.S.S.) estimated as described by Thurnau et al., (1983). A score of $\geq$ 30 points was associated with unfavourable pregnancy outcome.

**185**

**T: Study of high density leipoprotein-cholesterol in case of acute myocardial infarction**

A: Mohamed El-Khodary, Malahet El Hosseinty, Mohga M. Zeiwar, Abdella-Abu Hashem, Ebtehage H. Helmy, Abdel Fatah H. Frere and Amany M. El-Gohary.

S: NEJM

D: 9/88

A: This study was conducted on 60 subjects, 40 males and 20 females, classified into 2 groups; group I: 30 healthy subjects aging from 30-76 years and group II: 30 patients with acute myocardial infarction ( 2-12 days from onset of pain) aging from 35-71 years.
Serum total cholesterol HDL - cholesterol and triglycerides from which LDL and VIDL cholesterol were calculated according to Freiedwald equation (1972).

**186**

**T: Single vessel disease of the left anterior descending coronary artery**

A: Wawl El Nagar, Sherif El-Tobgi, Galal El-Said

S: NEJM

D: 9/88

A: Isolated left anterior descending (LAD) disease is associated with considerable variability in the amount of jeopardized myocardium and the size of resulting myocardial infarction (MI). We investigated the clinical findings, risk factors, coronary angiographic features and left ventricular function at catheterization in 50 patients with LAD disease ($\geq$ 50) luminal narrowing with or without mild narrowing < 50% in the other coronary arteries). LAD artery was examined for the site, severity and morphology of the lesion and the presence of good collateral circulation. Left ventriculogram (LV) in the RAO progection was analyzed for segmental wall motion abnormalities and the ejectin fraction (EF). Patients were classified into: Group I, n = 22, 20 males and 2 females who had normal LV or a small MI defined as segmental abnormality affecting $\leq$ 1 segment of LV in RAO view; and group II, n = 28, all males who had a large MI involving > 1 segment of LV. Group II patients were younger than group I, 43 $\pm$ 8 vs. 48 $\pm$ 9 years respectively, $P < 0.05$, and they had a higher prevalence of heart failure 365% vs. 0% $p < 0.05$, smoking 86% vs. 59%, $p<0.05$, and positive family history $P<0.05$. Mean of EF was lower in group II 0.4 $\pm$ in group II was associated with a higher prevalence of proximal disease $P < 0.025$, irregular complicated lesions $P < 0.05$, and poor collateral circulation $P<0.005$.

**187**

**T: Sensitivity and specificity of pulsed doppler echocardiography in the diagnosis of mitral valve prolapse**

A: Salwa Roushdy Dimitry

S: EHJ
D: 10/88
A: The sensitivity and specificity of pulsed Doppler echocardiography in identifying the charcteristics of mitral prolapse (MVP); the prolapsed leaflet, anterior or posterior; and the time of prolapse, mid-late systolic or holosystolic have been reviewed in 106 patients with the diagnosis of MVP.

**188**
**T: A possible role of atrial natriuretic peptide in angiotensin II/ Aldosterone relationship in cardiac failure**
A: Samir Sayed; J. Cleland and J.I.S. Robertson.
S: EHJ
D: 10/88
A: In normal volunteers sodium (Na) depletion enhances the aldosterone (aldo) response to administered angiotensin II (AII) while Na loading conversely depresses it. Many people have stated that the aldo relationship to AII appears depressed in heart failure (HF). Atrial natriuretic peptide (ANP) certainly in vitro and perhaps in vivo depresses the aldo response variously to AII.

**189**
**T: Pulmonary hypertension in patients with rheumatic heart using the combined low dose oral contraceptives.**
A: Abdel Kader A. Kholeif and Nadia M. Selim
S: EHJ
D: 10/88
A: 30 young female patients with rheumatic mitral valve lesions and a mean age of 28.4 (range 21-33) had taken progestational agents (small dose combined oral contraceptives) regularly for two years. In that they were compared patient to patient with 30 comparable patients with similar valve lesions to whom intrauterine devices were inserted. By the end of the study period echocardiographic and electrocardiographic studies confirmed the presence of higher rates of pulmonary hypertension pointers in the pills users. Although some of the parameters used to ivoke pulmonary hypertension did not show significant difference, they were more frequently observed in pills users than IUDS users. Two patients showed manifestations of severe pulmonary hypertension in comparison to none in the IUDs groups.

**190**
**T: Transcatheter ablation of anomalous conduction.**
A: Nadia M. Selim, Gazwan S. Butrous, David E. Ward and John Camm
S: EHJ
D: 10/88
A: Catheter ablation of accessory by-pass tracts is potentially possible in tracts that can be localized by catheter mapping. Limited data are available to evaluate such line of therapy. Transcatheter ablation of anomalous pathways has been reported up till now in the medical literature in approxiamtely 105 patients (107 pathways). The results have not been as imprssive as those achieved from ablation of the AV node-His bundle axis.

**191**
**T: Guanfacine (Estulic) in the treatment of Egyptian hypertensives [A field muticenter study]**
A: R. FAris, M.A. Gadallah, M.A. Aziz and M. Sobhy.
S: EHJ

**D**: 10/88
**A**: This study included 180 physicians (GPs, internists & cardiologists) who reported 242 hypertensives (WHO Grade I & II) treated with Guanfacine (Estulic) for 8 weeks on out-patient basis.
83.7% of patients responded to this treatment and in 75.8% of the cases, the blood pressure returned to its normal level.

**192**
**T:Effect of six months exersise training on left ventricular function in myocardial infarction patients.**
**A**: Samia El-Hagrassy
**S**: EHJ
**D**: 10/88
**A**: The aim of this study is to determine the effect of jogging exercise training on left Ventricular Function in Myocardial Infarction Patients. 72 patients with Myocardial infarction, randomly classified into two groups: (N = 12) 47-63 years of age, and control group (N = 12) between 48-65 years of age. All ptients had past history of Myocardial infarciton 6-12 months previously. Each subject was evluated twice by clinical and Echocardiographic examination with six months in between.

**193**
**T: Interrupted inferior vena cava with azygos continuation:- an independent anomaly.**
**A**: Adel M. Zaki, Fawzan Shaltout, Khalid Sorour, Medhat El Refay, and Galal M. El Said
**S**: EHJ
**D**: 10/88
**A**: Six patients with azygos continuation of the inferior vena cava were studied. They presented with physical manifestations of variable congenital heart diseases: four cases with atrial septal defect (secondum and primum), one with pseudotruncus and one with double outlet right ventricle. The different signsd of polysplenia were not present in any case.

**194**
**T: Continuous ambulatory 24-hour electrocardigraphy in thyrotoxicosis before and after treatment.**
**A**: Ekram Sadek, Mamdouh Warda, Mostafa Ibrahim, Galal Abo-Raih, Fayza Lashein, Hebaa El-Sheikh
**S**: EHJ
**D**: 10/88
**A**: This study was done on 16 thyrotoxic patients who otherwise had no evidence of cardiovascular disease. Continuous 24-hour ECG monitoring, before and after treatment was done for all patients. Their age ranged between 22 and 75 years with a mean of 41.8 years. When the subjects were thyrotoxic, the mean heart rate for the group was 104 $\pm$ 15 beats per minute, and fell to 82 $\pm$ 5 beats per minute after treatment. Circadian rhythm of heart rate response was maintained in the thyrotoxic state although heart rate variability was significantly increased.

**195**
**T: Serum lipids and apoproteins in offspring of young coronary artery disease patients.**
**A**: Mamdooh Wards, Adel Zaki, Ekram Sadek, Thoria Badawi, Mai Salama.
**S**: EHJ

D: 10/88
A: Twenty eight offsprings of patients with myocardial infarction before the age of 50 years were evaluated for CAD. Different serum lipids and apoproteins were measured for a possible early detection of CAD risk factor.
Cases were divided into two groups; group I (4-15 years) and II (16-39 years) as matched to controls.

**196**
**T: Evaluation of closed mitral valvotomy in 70 cases after 18 months follow-up period.**
A: S.M. El Mahmoudy, A.O. El-Shawarby, M.E. Abdel-Raouf and M.E. El Sawy.
S: EHJ
D: 10/88
A: Closed mitral vavotomy is one of the oldest operations in the field of cardiac surgery [2.3.15]. Recently, many centres are advocating open mitral commissurotomy as being mroe superior than the closed technique [5.8.9.10.11.12.13.14]. In spite of the great advances and precision in conducting Cardio-pulmonary bypass that raised the safety of open heart surgery to approach 100% in many well-equipped centres, still we feel that the cost-effectiveness of closed mitral valve sugery for rheumatic mitral stenosis, particularly in a country like ours, is fascinatingly worthy.

**197**
**T: Hypopotassemic syndrome in acute mocardial infarction and its relation to conduction defects**
A: M.A.K. Abdou, M.A. Farid, A.I. Abdel Motaleb, M. Maher, M.A. Motaweh, M. El Sayed A. Imam, and M. El Baz
S: EHJ
D: 10/88
A: 50 patients with cute myocardial infarction were studied for serum potassium level on admission to hospital in relation to conduction defects and bradyarrhythmias. 17 patients showed conduction defects and rhythmia. They were 16 males and 1 female age average (59.75 + 8.20). Of the 50 patients only 17 patients developed different types of conduction defects and bradyarrhythmias constituting 34% of all patients studied while 9 patients continued their normal sinus rhythm forming 18%.

**198**
**T: A study of heart failure in diabetes mellitus**
A: Mustafa M., El-Sheikh, A., Tabl, A.S., and El-Shahawy.
S: EHJ
D: 10/88
A: One hundred diabetic patients with heart failure, 80 of them insulin dependent, and 80 patients insulin non-dependent, with 10 healthy subjects as control group, are studied.All were subjected to clinical examiantion, E.C.G., X-ray and cholesterol leveling. 58% of patients had hypertensive heart failure. Hypertension which was the direct cause of heart failure was precipitated by different risk factors associated with diabetes as accelerated atherosclerosis and hyperlipidemia especially in non-insulin dependent diabetics and nephropathy in insulin dependent diabetics.

**199**
**T: Echocardiolographic changes in old age**
A: Hosam Mowafi, Abdel Galil Mustafa. Mohamed T. Khatab, and Nadia El-Fiki.

S: MJCU
D: 12/88
K: Echocardiolographic changes in old age.
A: The present work was conducted on twenty normal old subjects. Their ages were above 70 years. Besides, a control group of twenty young individuals with age range 27-35 years. Both groups were assessed non invasively using M mode echocardiography. Echocardiographic measurements showed no difference between the old and the younger groups regarding the left vcentricular internal dimentions. On the other hand, the posterior left ventricular wall was thicker in the older subjects. There was no significant difference between the two examined groups regarding the left atrial dimension, the right ventricular internal dimension and the aortic valve opening distance. In contrast, the interventricular septum appeared to be thicker in the older group.The aortic root diameter was found to be greater in the older subjects than the normal controls. The stroke volume, the cardiac ouptut, the fractional shortening and the ejection fraction of the left ventricle were found to be markedly decreased in the older age grup. Reduction of these parameters with advanced age indicates a decline in cardiac performance with age in the resing state.

**200**
**T: Study of the effect of exposure to carbon disulfide on cardiovascular system**
A: Yassin M. El-Sadik, Ragaa El-Gazzar, Fawzya Abbas, Abdel Aziz Abou Zeina and Ismail Abdel Moneim
S: NEJM
D: 12/88
K: Carbon Disulfide, Cardiovascular system
A: The recent accumulation of epidemiologic and laboratory evidence in man and animals showed with some certainty that an imblance of normal dietary components could lead to cancer, (Gori, 1976).

**201**
**T: Fetal outcome in high risk pergnancy showing fetal heart decelerations.**
A: Omar Kandil, Hossam Badrawi, M. Hamdi Badrawi, Yehia El-Messellawy, Sarwat El-Ahwany and Salah Zaki.
S: MJCU
D: 12/88
A: Different FHR decelerates their possible unfavourable impact on outcome of pregnancy. They were studied in normotensive, and in moderate and severe hypertensive gravidae. Apger score and birth weight were recorded together with gross and microscopic examination of palcenta and cord.

**202**
**T:Clinical, Hemodynamic and evaluation of mexiletine in management of ventricular contractions and recurrent ventricular tachycardia.**
A: Mamdouh El-Ashry, Wagdi Omar, Ramez Guindy, Mohamed Taher and Ahmed Nassar.
S: BMJ
D: 12/88
K: Ventricular premature contractions. Management.
A: In a trial to evaluate Mexiletine as an antiarrhythmic drug for management of ventricular dysrrhythmias, 24 patients with ventricular premature beats (six of them had also recurrent ventricular tachycardia) were subjected to 24 hour Holter monitoring before and 7 days after

oral drug therapy, in a dose of 600 mg per day. Electrophysiological evaluation and hemodynamic measurement were carried out in another 10 patientes in the catheterization room, using the intravenous form of the drug in an acute experiment in a dose of 3 mgm per kilogram body weight.

**203**
**T: Incidence and phono-echocardiographic characteristics of mitral valve prolapse in Rheumatic mitral regurgitaiton**
**A**: Salwa Roushdy
**S**: EHJ
**D**: 2/89
**A**: To determine the incience and to study the phono-echocardiographic characteristics of mitral valve prolapse (MVP) in rhehumatic mitral regurgittion (MR), 96 patients with rhehumatic MR were reviewed. Rheumatic etiology was based on a well documeted history of rehumatic etiology was based on a well documented history of rhehumatic fever (strictly applied Jone's criteria). MR was confirmed by left heart catheterization and angiogrpahy in 30 patients, and by Doppler echocardiography in 46. MR was isolated in 34 patients, associated with mitral stenosis in 6, with aortic regurgaitation in 44, with aortic stenosis in 11, and with tricuspid regurgitation in 4.

**204**
**T: Platelets and megakaryocytes in coronary sudden death**
**A**: Samir Sayed, Kishk, Slater, D. Martin, J. and Khholeif, A.A.
**S**: EHJ
**D**: 2/89
**A**: Platelets are involved in the production of atheroma and arterial occlusion. Postmortem specimens from two grOups of consecutive subjects were studied. The first group was 10 men who had suffered coronary sudden death (CSD group) and the second one was 11 consecutive men who had suffered non coronary sudden death (NCD group). The mean maximum coronary artery stenosis of CSD group was 90 ± 1.8% compared with that of 36.4 ± 7% of NCD group. Bone marrow autopsies were done (BMA) within 2 hours of death in all subjects.

**205**
**T: The blood pressure response to the combined small dosage oral contraceptives in patients with rheumatic heart**
**A**: Nadia M. Selim, Abdel Kader A. Kholeif
**S**: EHJ
**D**: 3/88
**A**: Steroidal contaceptives are known to be contraindicated for patients with rheumatic heart; being thrombogenic, atherogenic and a common cause for secondary hypertension in patients who are probably more vulnerable to these complicatins. All these complications were described in women using high estrogen pills. The literature is still poor in data about the small dose pills. We aimed in this study to compare two methods of contraception in patients with rheumatic heart; the new small dose pills and the classical intrauterine devices (IUDs). 58 patients with rheumatic mitral valve lesions who where compensated, noncomplicated, normotensive and ranging in age between 21 and 33 (29 ± 3) were offered the small dose pills (ethinyl estradiol 30 - 35 ug). For 55 comparable group of patients IUDs were inserted. A third group (49 patients) who received no contraceptive measures served as controls. All the three groups were followed regularly (every 3 months for 2 years). Patients were excluded if they fulfilled the exchusion criteria.

**206**

**T: Serum lipoproteins and blood pressure changes among users of standard dose combined oral pills and injectable contraception.**

A: E. Sadek, M. Badr, S. Detouh, A. El Atar, T. Badawy and M. Warda.

S: EHJ

D: 3/89

A: Fifteen women and 17 women were selected respectively for pills and injectables from women attending the out-patient clinic of Tanta Unviersity Hospital to study the effect of hormonal cotraceptives on serum lipoprtein, Cholesterol (HDL) and low density lipoprotein (LDL) cholesterol were evaluated in both groups before and 3 months after regular use of the selected method. The systolic blood pressure was signifantly elevated in pill users but not for injectable users. The rise in diastolic blood pressure was insignificat in both groups.

**207**

**T: Short term prognosis of acute myocardial infaction: A retrospective study of 50 patients admitted to the coronary care unit.**

A: A.F. Abdou, M. Gomaa, M.S. Mokhtar, M. Al-Ashkar, M.A. Abdou; M.M. Maher and El-Gendy

S: EHJ

D: 3/89

A: This restrospective study included 50 patients with acute myocardial infarction admitted to the coronary care unit. Patients were divided into 6 subgroups according to the site of infarction (anterior, inferior & combined) both as transumral and non-transmutal. The aim of this work was to determine:

1. The influence of pre-infarction risk factors on the short term in hospital survival.
2. The incidence of complications in relation to the site and the extent of myocadial infarction (M.I.).
3. The prognostic indicators of in-hospital phase of acute MI.

**208**

**T: The spectrum of hypertrophic cardiomyopathy in Egyptians.**

A: Hussein H. Rizk, Kahlid A. Sorour, M. El Refai, and Sehrif El-Tobgi

S: EHJ

D: 3/89

A: A series of 27 symptomatic adult Egyptians with documented hypertrophic cardiomyopathy (HCM), were studied. The age at presentation was higher than previously reported ($50 \pm 2.5$). Females were significantly older than males when first seen ($64.5 \pm 2.63$, $P < 0.01$) (mean $\pm$ SE).

**209**

**T: Mitral valve disease; echo-doopler and haemodynamic evaluation.**

A: Mamdouh El Ashry, Ramz Guindy, Salwa Sweillam, Adel El Etreby, Alaa El Demerdash, Amal Ayoub, and Ali Ramzy.

S: EHJ

D: 3/89

A: This study included 103 patients who had rheumatic mitral valve disease. They were divided into two grups, Group 15 patients) with isolated mitral stenosis and group II (52 patients) with combined mitral stenosis and regurgitaiton. Echocardiography (two D & M-

mode), Doppler ultrasound and cardiac catheterization all were utilized for assessment of hemodynamic severity of rheumatic mitral valve disease in these patients. It was found that Doppler echocardiography was a valuable and sensitive non-invasive method for assessment of mitral valve disease. There was a statstically significant correlation between the mean pressure gradient calculated by catheterization and that of Doppler. This was also applied to the grading of miral regurgitation and mitral valve area.

**210**

**T: Percutaneous balloon dilatation of congenital valvular pulmonary and aortic stenosis; Three months follow up**

A: Ramez Guindy, Salwa Sweeilem, Hisham Boshra, Adel El-Etriby, Mahmoud El-Sirbini, Mohsen Rashed, Ahmed Nassr.

S: EHJ

D: 3/89

A: Percutaneous balloon valvuloplasty was performed in 10 patients with congenital valvular aortic stenosis. The 5 patients with congenital valvular aortic stenosis. The transpulmonary pressure gradient was reduced from 108 + 44 to 21 mmHg [p, 0.01] with a mean reduction of 56.5%. In patient with valvular aortic stenosis the transcalvular pressure gradient was reduced from 116 + 43 to 63 + 37 mmHg [p, 0.01] with a mean reduction of 5%.

**211**

**T: Electrocardiographic versus echocardiographic sensitivity in detecting left ventricular hypertrophy in systemic hypertension**

A: Hamed R., Awad, O., Nassar, A., El Etriby, A., Kamel, S.

S: EHJ

D: 3/89

A: 50 patients, 28 males and 22 females with different degrees of systemic hypertension (HRN) and a duration of 3-20 years, were studied by the electrocardiogram and M-mode echocardiogram using the left ventricular (LV) mass and LV Mass index (LVMI) to compare the sensitivity of each in diagnosing left ventricular hypertrophy (LVH) in HRN.

The LVNI more than 135 $gm/^2$ in males and 110 $gm/m^2$ in females received LVH in 64%, the LV mass more than 250 gms revealed LVH in 50% of cases while the ECG voltage criteria detected LVH in 38% and the ECG point score system revealed LVH in 26% of patients.

**212**

**T: Clinical evaluation of gleceryl mononitrate "Monocard 50 mg" in the treatment of exertional angina using treadmil exercise test.**

A: Salwa M. Sweillem, Hassan Ezz El Din, and Mohsen Rashed.

S: EHJ

D: 3/89

A: In a clinical trial on 25 patients suffering from angina pectoris, the effectiveness and tolerability of (Glyceryl mononitrate "monocard" 50 mg) once daily were tested over 15 days by single blind technique using submaximal treadmil exercise test.

Out of the 25 patients studied, there was a statistically non significant decrease of S.T-segment shift during maximum exercise test (P 0.05). Seven patients have improved (28%) while in 18 patients (72%) there were non S.T-segment improvement.

**213**

**T: Percutatneous Balloon mitral vavuloplasty:- the Egyptian Experience with the first nine cases**

A: Adel Zaki, Sherif El Tobgy, Lary Latson, Galal El Said, Mohsen Ibrahim, Hussein Rizk, Khalid sorour, and Yehia Saad
S: EHJ
D: 3/89
A: Rheumatic valvular heart disease is prevalent in Egypt and isolated mitral valve stenosis (MS) is common. Percutaneous balloon mitral valvuloplasty (PMV) has been reported to be successful in patients with isolated mitral stenosis and sinus rhythm. The results of PMV were comparable to those subjected to closed commissurotomy.
In this study the first 9 patients aged 18 to 42 years with MS were subjected to PMV in the year 1987.

214
**T: Influence of left ventricular (LV) diastolic function on vascular and humoral responses to head-up posture in hypertension**
A: M. Aziz Madkour and Fetnat M. Foud & R.Tarazi
S: EHJ
D: 3/89
A: The left ventricular diastolic filling rate has been reported to be reduced in hypertensive patients. To investigate the possible influence of altered LV diastolic function in hypertension on peripheral vascular regulation, hemodynamic measurements were obtained in 16 hypertensive patients in the resting supine position and during head-up tilt. The study population included 7 men and 9 women with an age range 30--62 years (mean 49.5 yrs ± 10.6). Measurements included LV peak filling rate (+ dv/dt), LV peak ejection rate (- dv/dt), LV ejection fraction (EF), heart rate (HR), total peripheral resistance (TPR), stroke volume (SV), and cardiac index (CI). Moreover, we calculated the ratio relating left ventricular filling rate to left ventricular ejection rate (+ dv/dt/-dv/dt) since a complex interaction between ventricular contraction and relaxation is well recognized.

215
**T: E.C.G. pattern in newborns**
A: M.H. Mahfouz, M.A. Helayl, E.R. Abdel Kahek, M.H.M. Ibrahim and M. Shafik
S: EHJ
D: 3/89
A: The electrocardiogram in the neonatal period is subjected to much changes from day to day. Knowledge of these normal changes is essential for proper understanding and interpretation of an electrocardiogram in this age group.
In this study, 100 full term, healthy newborn infants aged 0.24 hours were subjected to E.C.G. examination and 19 of them were followed by another E.C.G. at one month age to find out the normal changes occuring.

216
**T: Immunologic profile of rheumatic fever**
A: Y.A. El-Battawy, M.O. El-Haieg, O.M. El-Daly, M.H.M. Ibrahim, E.R. Abdel Khalek and H. Khidr.
S: EHJ
D: 3/89
A: The present work involved some immunological studies on rheumatic fever (RF). The study included 80 patients with rheumatic fever and 20 healthy individuals severed as control group. The 80 patients were divided into 4 groups: Acute RF(ARF) (13 patients) with carditis, 7 ARF patients without cardiac activity, 30 patients with chronic RF with cardiac activity and 30 patients with chronic inactive RF.

**217**

**T: Non-invasive evaluation of the effects of the bipyridine milrinone on left ventricular contractility: Assessment using the left ventricular pressure-volume relation.**

A: HM Ashmawy, MM Hassanien, MM Nawar, A Kholeif, MA Sobhy, MM Abdel Fatah and K Adams.

S: EHJ

D: 3/89

A: The left ventricular end-systolic pressure/end systolic volume (P-V) relation ahs been proposed as a reliable index of events occurring at the level of the left ventricular muscle fiber. The poternial inotropic effects of the bipyridine milrinone were investigated by redetermining the P-V relationship after an oral dose of the drug. Blood pressure manipulation was performed using sodium nitroprusside and methoxamine hydrochloride infusions. Determination of the ejection fraction and ventricular volumes as well as the estimation of the ventricular P-V relationship in heart failure subjects of this study was carried out using stndard radionuclide angiographic techniques.

**218**

**T: Open heart surgery in presence of cold agglutinin in patient's blood**

A: Mohamed Ahmed(Nasr), Hassan Shawky; Mohamed Ezz El-Din Abdel-Raouf; Ibrahim Haggag. Mahmoud Amir Mesbah; Hoda Hafez, Dalal Youssef, Samia Abdel Fattah, Mahmoud Moustafa, Maher Shoeir and Fayez Fayek Botros.

S: EHJ

D: 3/89

A: Mr. F.IS., 42 years old is a white blonde man from upper Egypt. He has tight calcific mitral re-stenosis after a previous closed heart mitral valvotomy in 1984. The patient was in grade III NYHA dyspnea. Echocardiographic exploration and Doppler study showed that the mitral valve area was 0.5 cm. The mitral and tricuspid valves were both stenotic and heavily fibrosed. Decision was taken to do for him mitral valve replacement and a tricuspid repair.

# ABBREVIATIONS OF JOURNALS INDEXED

| | |
|---|---|
| AFMJ | Armed Forces Medical Journal |
| AJD | African Journal of Dermatology |
| AJLM | Arab Journal of Laboratory Medicine |
| AMC | Ain Shams Medical Conference<br>(The book of the abstracts of the annual conference) |
| AMJ | Al Azhar Medical Journal |
| ASMJ | Ain Shams Medical Journal |
| AUMJ | Assiut University Medical Journal |
| AZDJ | Al Azhar Dental Journal |
| BAFM | Bulletin of Alexandria Faculty of Medicine |
| BEHA | Bulletin of the Egyptian Hospital Association |
| BESC | The Bulletin of the Egyptian Society of Cardiology |
| BFP | Bulletin of the Faculty of Pharmacy, Cairo University |
| BFS | Bulletin of the Faculty of Science, Cairo University |
| BHIPH | The Bulletin of the High Institute of Public Health |
| BMJ | Benha Medical Journal |
| BNI | Bulletin of the Nutrition Institute of the Arab Republic of Egypt |
| BNRC | Bulletin of the National Reasearch Center |
| BOSE | Bulletin of the Ophthalmological Society of Egypt |
| D.D. | Drugs Digest (WHO /EMO, Alex) |
| EDJ | Egyptian Dental Journal |
| EHJ | Egyptian Heart Journal (= BESC The Bulletin of the Egtptian Society of Cadiology, changed its name since October,1988) |

| | |
|---|---|
| EICRA | 4th Egyptian International Congress of Rheumatology Book of Abstract |
| EJA | Egyptian Journal of Anaesthology |
| EJANA | Egyptian Journal of Anatomy |
| EJAR | Egyptian Journal of Andrology & Reproduction |
| EJAS | Egyptian Journal of Applied Sciences |
| EJB | Egyptian Journal of Bilharziasis |
| EJBIOE | The Egyptian Journal of Biomedical Engineering |
| EJCDT | The Egyptian Journal of Chest Disease & Tuberculosis |
| EJEMTC | Egyptian Journal of Environmental Mutagensis, Teratogensis and Carcinogensis. |
| EJENT | Egyptian Journal of Otolaryngology |
| EJFS | Egyptian Journal of Food Science |
| EJGC | Egyptian Journal of Genetics & Cytology |
| EJGIT | The Egyptian Journal of Gastroentuology |
| EJH | The Egyptian Journal of Haematology |
| EJHIST | The Egyptian Journal of Histology |
| EJMH | The Egyptian Journal of Mental Health |
| EJMIC | Egyptian Journal of Microbiology |
| EJN | Egyptian Journal of Nutrition |
| EJNPN | The Egyptian Journal of Neurology, Phychiatry & Neurosurgery |
| EJO | The Egyptian Journal of Oncology |
| EJP | The Egyptian Jouranl of Psychiatry |
| EJPHA | The Egyptian Journal of Pharmaceutical Sciences |
| EJPHY | The Egyptian Journal of Physiological Sciences |
| EJPRS | Egyptian Journal of Plastic & Reconstructive Surgery |
| EJPS | Egyptian Journal of Physilological Sciences |
| EJRNM | The Egyptian Journal of Radilogy & Nuclear Medicine |
| EJRS | Egyptian Journal of Radiation Sciences & Applications |
| EJS | The Egyptian Journal of Surgery |

| | |
|---|---|
| EMJ | The Egyptian Medical Journal |
| EOJ | The Egyptian Orthopaedic Journal |
| ERR | The Egyptian Rheumatology & Rehabuilitation |
| ERZU | Enviromental Review of Zagazig University |
| 14 ESCAM | The 14 Annual Meeting Of the Egyptian Society Of Cardiology |
| 15 ESCAM | The 15th Egyptian Society Of Cardiology Annual Meeting |
| ESJ | The Egyptian Statistical Journal |
| GEPA | The Gazette of the Egyptian Paediatric Association |
| GESDV | Gazette of the Egyptian Society of Dermatology and Venerology |
| JDR | Journal of Drug Research |
| JEMA | The Journal of Egyptian Medical Association |
| JENCI | Journal of Egyptian National Cancer Institute |
| JEPHA | Journal of Egyptian Public Health Association |
| JESE | The Journal of the Egyptian Society of Endocrinology |
| JEUSM | Journal of the Egyptian Society of Ultrasound in Medicine |
| JEST | Journal of the Egyptian Society of Toxicology |
| JESOG | The Journal of the Egyptian Society of Obstetrics & Gynaecology |
| JMMA | Journal of the Medical Military Academy |
| JMRI | The Journal of the Medical Research Institute |
| JMS | Journal of Medical Sciences |
| MMB | Mansoura Medical Bulletin |
| MP | Mental Peace |

| | |
|---|---|
| MJCU | The Medical Journal of Cairo University |
| NAACO | Ninth Afro Asian Congess of Ophthalmology |
| NEJM | New Egyptian Journal of Medicine |
| OCA | Orthopedics Conferences Abstract |
| PAMJA | 24th Pan Arab Medical Journal Abstract |
| PAMCA | Pan Arab Medical Conference Association |
| SJAFG | Scientific Journal of Al Azhar Faculty of Girls |
| 4 SMPCA | 4th Scientific Meeting On Problems Of Cardiac Arrythmias |
| TMJ | Tanta Medical Journal |
| 4 ZCDV | The 4th Zagazig International Conference of Dermatology & Venerology |
| 5 ZCDV | 5th Zagazig International Conference of Dermatology & Venerology 5ZCDV 2188 |
| ZMAJ | Zagazig Medical Association Journal . |
| ZUMJ | Zagazig Universiy Medical Jurnal |

# الببليوجرافيا القوميّة للطبّ المصرى

فهارس مجمعة لمائة وخمسين دورية طبية

(١٩٨٥ - ١٩٨٨)

الجزء الثالث: أمراض القلب


اعداد: د. محمد محمد الجوادى

مراجعة: ا.د محمد محمد صقر





الأكاديمية الطبية العسكرية

١٩٩٠